DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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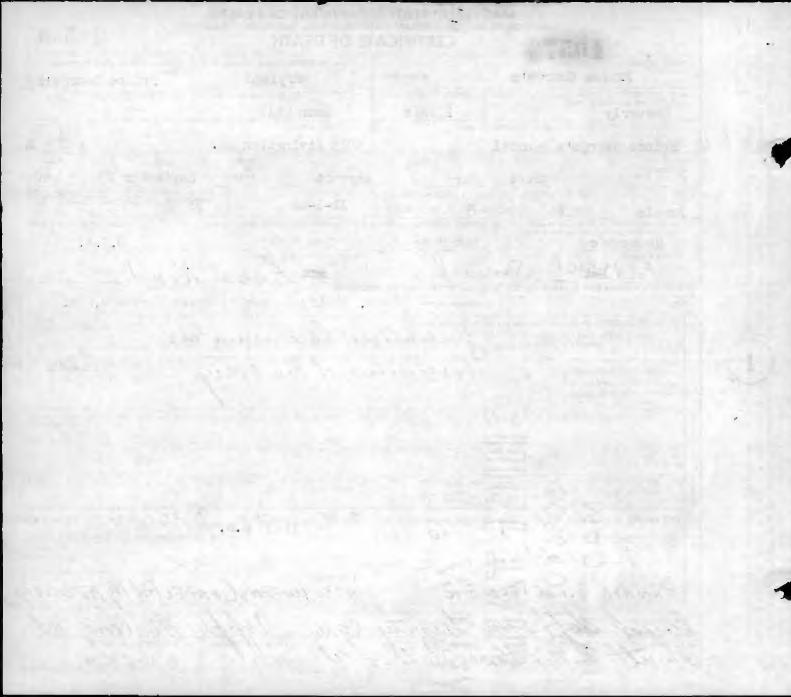
10576	CERTIFICA	TE OF DEATH		10000
1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylar	b. COUNTY	Prince George's
b. City OR TOWN (If outside corporate limits, writ RURAL and give nearest tawn) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de carporate limits, write Rl	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspite), give street or institution Prince George's General		d. STREET ADDRESS 5815 Living st	on Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Grace	Mary	Ahrendt 4.	DATE Mon	ember 23 1960
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DAJE OF BIRTH	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane It during mast of working life, even if retired) Housewife	Own Home	New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fred British So	nnick	14. MOTHER'S MAIDEN NAM	ina Kir	nd
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		nformant rs. Winifred Co	vell, Upper N	erlboro, Md.
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate DUE TO	Garcino	na of the	ouator's	INTERVAL BETWEEN ONSET AND DEATH
lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITION	AS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	/EN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 12 NO
206. ACCIDENT WAS UNDERLYING (20b. E) OR CONTRIBUTING (20b. E) (1F EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Parl	t ar Port of item 18.)	8
Hour o. m. Wh		LACE OF INJURY (Hame, form, actary, street, office bldg., etc.)	20f. (City ar town)	(County) (State
21. 1 certify that (I) (this haspital) attesting the deceased alive an 220. SIGNATURE ALAMONTO ALAMONT	.1//-	M.D. PHYS. DIRECT	pom he causes an	, 19 (e), that (1) (we) last and an the date stated abave. 27b. DATE SIGNED
LONALO S, FLEISC	HER	1932 QUEE	NS CHAPEL.	Ped by DUSVILLE
230 BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY ADDRESS /	(B) 12	d. LOCATION (City, lown, sy REGISTRAR 25b, REGISTRAR 25b, REGISTRAR	ar county) (Stote) Careful (Stote) STRAR'S SIGNATURE
Hunt Tunled He	me Hallo	DATE OCT	/ //	thur S. Kraus

The attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with and it any event, within 72 hours after death. TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be refuned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit per the State Board of Health priar ta burial, cremation, ar rem

ifter death. Page 4

VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Prince George's b. COUNTY Prince George 18 MARARAMA. Md. MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) D.O.A. Cheverly District Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? &PR Prince George's Gen. Hosp. 7619 Atwood Street YES TO NO DEC registror NAME OF Middle 4. DATE OF ROBERT ALKIRE Sept. TER (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE |In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. 22 Oct 1939 Male White Months Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Plumbers Helper N Plumbing West Va. U.S.A. 5 moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Earl Alkire Leota Quickle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File NO. (Aunt) Unk. Joan Quickle Same as # 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY e olong with for o buriof-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 000 PERFORMED? YES 🔲 NO I 200. EXTERNAL CAUSE WAS FRIMARY STOT CONTRIBUTING CAUSE OF BEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) 3 should 20d/INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) White Not white doctory, street, office bldg., etc.) Month, Day, Year 20c. TIME OF INJURY (County) (State) Hour 护藤 9/30 Not while Rt.# 197 Wear Laurel Md. 1960 at work at work to the Chief Media 21. I certify that I took charge of the remains described above, held on Autapsy , Inspection . Inquiry , and find that death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER O FUNERAL ASSISTANT MEDICAL EXAMINER Dayton O. Watkins **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, Jown, or saunly) (State) REMOVAL (Specifyl) Varis-Weaver-23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. DATE OCT 4 arthur & Thomas 160

Give VS. ATSME(S) SM 9/55

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	District Co.		
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		Mile Barriston	ego elephon e

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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hillcrest Hght.

Prince George

d. NAME OF HOSPITAL (If not in hospital, give street address)

2607 Goithan St

PLACE OF DEATH

o. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

o. STATE

d. STREET ADDRESS

2607

Maryland

Hillcrest Heights

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5 TO HOSPIT SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

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	NAME OF DECEASED (Type or print)	MAR		J.	ALL		4. DATE OF DEATH	Sep
5,.	Female	6. COLOR OR RACE	7. MARRIED NEVE	R MARRIED	B. DATE OF BIRT		886 9. A	GE (In yes
100	USUAL OCCUPATIO		one 10b, KIND OF BUS		_	- P		()
	House		Hon	10			ginia	
13.	FATHER'S NAME	Senjamin F.	Jones		14. MOTHER'S	MAIDEN N	Davi:	g
	WAS DECEASED EVER	N .	ES? 16. SOCIAL SECL		ulah A.	Fisher	2501	-
		H WAS CAUSED BY:	use per line for (o), (b). Carc.		of transv	erse		
	Conditions, if on gove rise to in couse (o), sloting t lying couse lost.	mediale (Senility				
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	OITIONS CONTRIBUTIN					
MEDICAL C	20c. TIME OF INJURY Hour o. m. p. m.		20d, INJURY OCCU While Not who of work of work	lle fi	PLACE OF INJURY (octory, street, offic			own)
	21. I certify the alive an Sep	at I attended the		nd that deat	h accurred at	11:20	M, fram the	city or to
	PHYSICIAN'S NAME (Type)	Dr. Jesse	B. Hopkins	may -	м.в. 7001 700-Еаз		itol St.	
220	BURIAL, CREMATION REMOVAL (Specify) Burial	9-24-19		-	or crematory Cemetery		22d. LOCATION	
							D BY REGISTRAR	24b. R

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pr. Geo. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month. Day Year pt. 21st 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. Doys yrs. 12. CITIZEN OF WHAT COUNTRY? USA ofton Rd. nd Heights, Ohio INTERVAL BETWEEN ONSET AND DEATH % years ON GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO X (County) (Stote) that I last saw the deceased es and an the date stated abave. town, state) DATE SIGNED Wash D.C. 9-21-60 ash. D.C. own, or county) (Stole) le, Maryland REGISTRAR'S SIGNATURE

arthur S. Kimes

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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ires t	ned b	ermit	the State Board of Regitt prior to buriot, cremation, or removal, and in any event, within 72 hages arref death.	
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TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay sifer death. Page 4	may be refunded by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in cy the funeral director.	4)		

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1. PLACE OF DEATH a. COUNTY Prince	George's			MARYLAND	2. USUAL RESII o. STATE M	DENCE (Wh		ived. If institut b. COUNTY		befare adr	
b. CITY OR TOWN RURAL and give of Cheverly	· ·	ts, write	c. LENGTH OF S			restv		te limits, write	RURAL and gi	ve nearest to	own)
OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET A		is Road	i		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin George		M Berna	iddle	vey)Alwe	ıl .	4. DATE OF DEATH	Mo Sep		Doy 28	Year 19 60
S. SEX	6. COTOR OR RACE		IED APPENDIX	MENTAL SERVICE	B. DATE OF BIRTI		9	AGE (In years last birthday)	IF UNDER T	YEAR IF UP	NDER 24 HRS.
Male	112702.0.0	COLUMN TO		1123	5/22/	77					
during most of wor Metal Lathr	ON (Give kind of work of rking life, even if retired) or (Retired)	one 10b.	Buildin				or foreign cov			EN OF WHA JSA	T COUNTRY?
13. FATHER'S NAME George Y	Villiam Alv	rey			14. MOTHER'S	MAIDEN N					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR Ill yes, give wor or dates of a NOTE	CES? 16.	SOCIAL SECURITY 78-16-39		orge E.	Alvey	, 3307-	Add	dress Ave., N.	Fores	tville
Conditions, if a gave rise to cause (o), stating lying cause lost.	immediate DUE TO		Aden	Bre	lente	- 4	ans'i	- UR	eculi	ge.	ei,
САПС	THER SIGNIFICANT CON								VEN IN PART	1(a) 19. W/ PEI YES	REORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	RY OCCURRE	D. (Enter nature a	of injury in f	Part I or Part I	I of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		20d, It While of work	NJURY OCCURRED Nat while at work	fa	ACE OF INJURY (ctary, street, affice	Hame, form bldg., etc.	20f. (City o	r town)	(Co	ounty)	(State)
21. I certify the	at (I) (this hospital	attend			death occurre	19. 19. DQ	AN from the	he causes o) (we) lost led abave.
22a. SIGNATURE	and f	Fe	-الم	9	M.D. PHYS.		D.	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME Type	ALD S F	LE.	ISCH	ER	- 22d. ADDR	2 Ele	elu.	Ces/	al R	Rya	De la
23a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREC			2.0	R CREMATORY	Ch.		ON (City, Gawn,			Stote) <
24. EUNERAL DIRECTOR	r's signature S Co. 517	-11th	ADDRESS St.S.E.	Wash D	C	250. REC	BY REGISTR	2Sb. REG	ISTRAR'S, SIG	NATURELA	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND b. CITY-OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS 5.6 e. IS RESIDENCE NSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NAME OF DATE Middle Month Year DECEASED DEATH (Type or print) 12/3/ 19 6 6 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED IN DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? DOMESTI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address AUC 18. CAUSE OF DEATH [Enter only one cause per ling_for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO D 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) fi m Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 17 Inquiry A, and find that death resulted fram: Natural causes - N. Suicide . Hamicide . Undetermined cause DATE SIGNED **ACTUAL** SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S SEPUTY MEDICAL EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

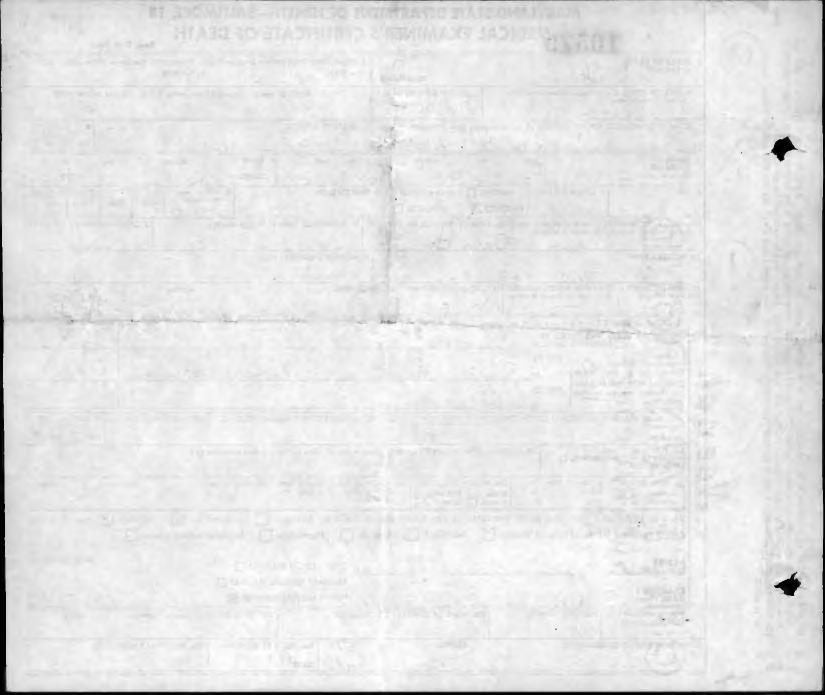
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VS. A15ME(5) 5M 9/55

to the Chief

TO FUNERA

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 1058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be cremation. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH. . COUNTY o. STATE **b.** COUNTY MARYLAND buriol, Page b. CITY OR TOWN (If outside corporate limits, write RURAL and five repress form) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest lown) 0 etor. d. NAME OF HOSPITAL OR INSTITUTION (If not in/hospital, give street address) d. STREET ADDRESS .20 DATE OF DEATH with the registrar 3 NAME OF First Month funeral DECEASED (Type or print) retained for 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH IF UNDER TYEAR 3 to the Months WIDOWED [7] DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Pages 1, 2, and oge 5 may be re 1 ond ATHER'S NAME Poge ARMED FORCES? 17. INFORMANT Address E C Give Give 18. CAUSE OF DEATH [Enter only one cause per l'neufor (o), (b), and (c). in 11em 18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) olong with form ■ burial-t=nsit **DUE TO** Conditions, If any, which in pencil gove rise to immediate cause DUE TO (o), stoting the underlying cours lost. ing the word "pending" in Redical Examiner's Office Page 3 should be used === PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 2011. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.] MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) - Hol while While 0.88 of work of work D m. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry X), and find that

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. IS RESIDENCE

YES | NO X

Year

IF UNDER 24 HRS.

1960

Rea. Dist. No.

Doys

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO [

(Stote)

		death resulted from: Natural couses [], Accident [], Suicide [], Hamicide [], Undetermined cause [].
o the C		ACTUAL SIGNATURE DE Au OWalker MEDICAL EXAMINER [] DATE SIGNED
Order NEREL Imovol.		EXAMINER'S NAME (Type) DAYTON OWATIC/ DEBUTY MEDICAL EXAMINER S 9_29-60
Forward Por Residue	2	Burnal (Det 1, 1960 Cedar Hell Cometer Suitand Marken
A15ME(S) M 9/55	23	W. W. Chambers 80, Riverdale Md. 246. Steed By REGISTRAR 246. REGISTRAR'S STONATURE OF 180 Only 8. Known

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ADDRESS

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REMOVAL (Specify) KACLAL

FUNERAL DIRECTOR'S SIGNATURE

 IS RESIDENCE ON A FARM? YES NO K Day Yeor 19 60 30 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET, AND DEATH PERFORMED? YES IX NO [(State) (County) 1954, to SIPHIMBIN, 1960, that I last sow the deceased and that death occurred at 900 am, from the causes and an the date stated above. **DATE SIGNED** SEPTEMBER 1960 USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC 22d. JOCATION (City, Jown, or county) (Stole) 24s, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



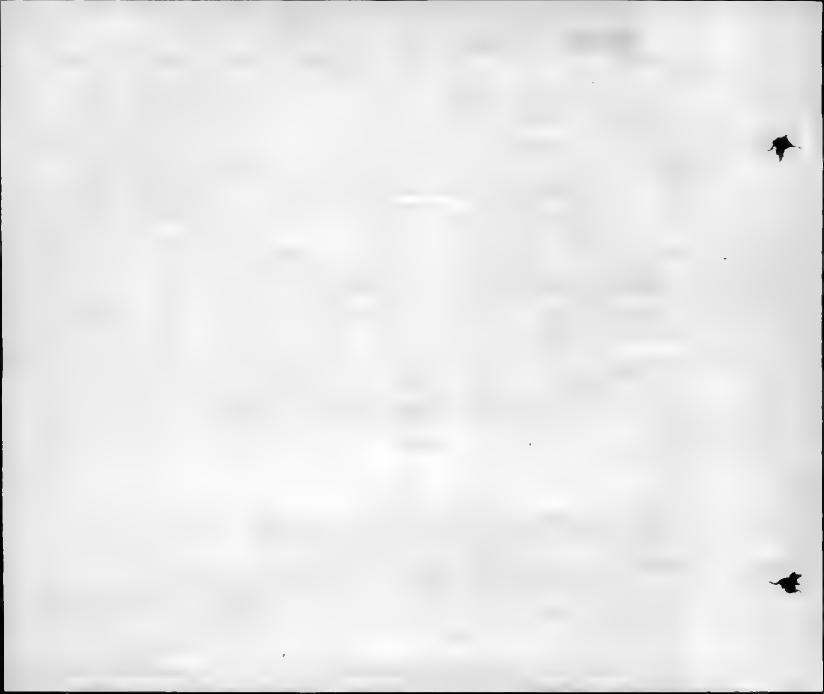
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VR A1S (4) 1SM 9/59

,	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	Vhere deceased live	b. COUNTY	21	missran)
1	b, CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 15	Md.	outside cornorate		inc , // /	(Own)
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4	d. NAME OF HOSPITAL (If not in hospital, give street		Lanham STREET ADDRESS	_		a IS	RESIDENCE N A FARM?
*	OR INSTITUTION		Box 21/2	Timesla t) marke		N A FARM?
	Prince George Hospital	Middle		4 DATE	Month	Day	Year
Ì	DECEASED (Type as prior)	MIGGIG	First class	OF DEATH		Duy	1860
	5. SEX (6. COTOR OF RACE Z) MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. #	Sept. 29 AGE (in years IF JN	DER 1 YEAR IF U	
	Fe. C widowi		9-30-01	1	58 yn. Mont	hs Days Ho	ors Min.
	10a. USJAL OCCUPATION (Give kind of work done 10b.			e or foreign cylunts		CITIZEN OF WHA	AT COUNTRY
	during host af warking life, even if retired)	tousourante	1/851	and other	1 D.C	11.5	A.
	13. FATHER'S NAME P	1 /-	14. MOTHER'S MAIDEN	NAME 5	1		
	Huthony Col	hert	Mary	5.	binne	A.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) III yes. grand war or dates of service)	SOCIAL SECURITY NO. 17 II	NFORMANT	11	Address 1		LA /
)	(Yes, no, or unknown)	Kā	ichel Natt	hens-	Baltin	uore.	Md.
	IB. CAUSE OF DEATH [Enter only one couse per li	ne for (a) (b) and (c).]	/ /	1,2 1,1	,	INTERVAL	L BETWEEN ND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	are wo	un of t	the WH	us	2	C/1
	DUE TO	10	1- 1- 1-	1 1	7	7	//>.
	Canditions, if any, which) (b)	With Me	HISTRA	70 K	un po	-	
	gave rise to immediate Couse (a), stating the under-						
	lying couse last.					<u> </u>	
	Part II OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN IN	PE	REORMED?
	S Towns of The Property of The	TOTAL STATE OF THE	77.45	D. Adam Daw H.	2 A 10 A	YES	NO 🗆
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	U (Enter noture of injury in	i Port I dr Fort II d	ar irem io.,		
		t _a	ACE OF INJURY (Home, for ctary, street, affice bldg., e		town)	(County)	(\$lote
	Havr a.m. 19 While of war	1401 AUTH					
	21 I certify that (I) (this haspites) oftens	ded the deceased from	9-14,1	820, to	9 39 ,1	9 60 that (l) (we) los
	saw the deceased alive an 7	and that a	death occurred of8_	AM, from the	couses and on	the date sta	ted abave
	220 SIGNATURE	150 5	ATTENIDING	MED 5	STAFF		22b. DATE
	16,000	Tronc	M D PHYS	MED. DIRECTOR F	HYS P	- 4	1/29/6
	PAME (Type) Rohald S. Fleis	scher	75432 Que	ens Chap	el Road, E	yattsvi.	lle"/
	230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	l (City, tawn, or cour	ity) (State)
	REMOVAL (Specify)	Holy tamb	Com	W 0-0	elnione -	MICL	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC	C'D BY REGISTRAR			
	IT. S Washington C For 4	425. Deane	(VUE NI DATE (OCT 4 '60	Cathon	& Frank	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 g t	10582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
and the state of t	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND Reg. Dist. No.
Page A	b. CITY OR TOWN (If ourside corporate limits, write BURAL and give nearest town) order to the corporate limits, write BURAL and give nearest town)
prior to	d. NAME OF HOSPITAL OR INSTITUTION All not in hospital, give street address) CHINGE GOIGES Hospital 7 in the factor of the fact
your your begistror	3 NAME OF First Middle BERRY 4. DATE Month Day Year OF DEATH 9-16 (6) 19
the formal transfer for the formal transfer fo	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED H3-14-60 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Mograby Days Hours Min. YES. Married Divorced Divorc
ond 2 will	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) W. CITIZEN OF WHAT COUNTRY M. Pri. Geo. Co. USA
Poges 1, 2, 2	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. RG/A'/A Berry
Poge File po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dates of service]
n 18. G	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (o) ONLY
With fo	Canditions, if any, which gove rise to immediate cause
a buriol	(a), stating the underlying DUE TO
so Office as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 120b. DESCRIBE HOW INJURY OCCURRED. (Enter policy in Port I of Item 18.1)
ord be	PRIMARY G or CONTRIBUTING G CAUSE OF DEATH.
the wo	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, P. m. 19 of work of
writing DR: Pag	21. I certify that I taak charge of the remains described above, held an Autopsy (), Inspection (), Inquiry (), and find that death resulted fram: Natural causes (), Accident (), Suicide (), Hamicide (), Undetermined cause ().
on the Control of the	ACTUAL DOUGHO OWALTERMAN, CHIEF MEDICAL EXAMINER [] DATE SIGNED
re the	EXAMINER'S DAYTON O WATKING DEDITY MEDICAL EXAMINER [
D Forte	229- BURIAS, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (22d. LOCATION (City, rown, or county) (Shorte) Half-Tamily (DOCKMAL)
S. A15ME(S) 5M 9/55/	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LAND A STATE OF DATE SEP 2 0 '60 CLUMA S. Known
lov	- 22. 1 il dx. a



O VR A15 (B) REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

2 8 '60 Leiling & The

256 REGISTRAR'S SIGNATURE

25a REC'D BY REGISTRAR

DATE SEP

B IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO I

(Stole)

22b, DATE SIGNED

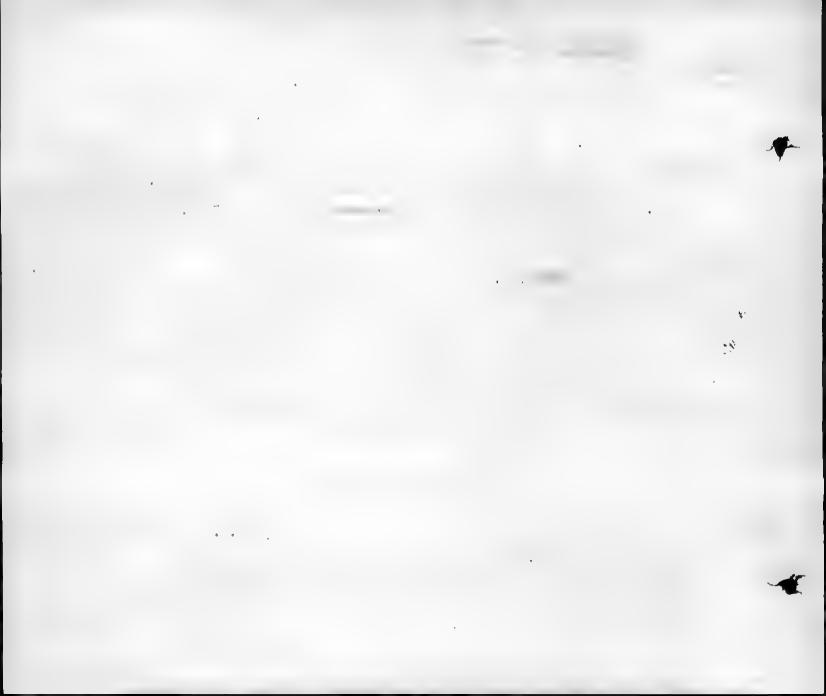
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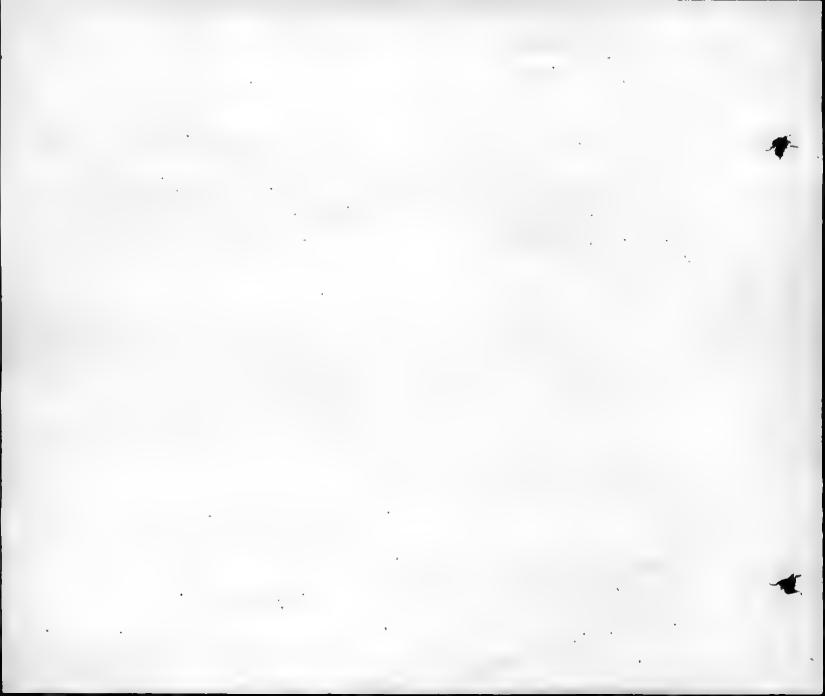
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

Column & Thouse

CERTIFICATE OF DEATH PLACE OF DEAT 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY a. STATE **b.** COUNTY DOMESTICAL STREET nce Georges Prince Georges b. CITY OR TOWN (If outside carporate limits, write LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Collage Park Chaverly davs d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO . 1908 Lakawanna St. <u>Prince Georges General Hospital</u> 4. DATE NAME OF Year Day DECEASED DEATH (Type or print) Walter. Bosse 19 60 Sept B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED S SEX Months Days DIVORCED [Male WIDOWED | 10g USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Repair Urns For Wilkens Coffee Co., Washington, D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Catherine T. Wagner Harry Vincent Bosse 16 SOCIAL SECURITY NO. 17 INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 579-07-2434 Mrs. Rose L. Bosse (Wife) No As above INTERVAL BETWEEN IB. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PULMONARY EMBOLI PART I. DEATH WAS CAUSED BY: MULTIPLE 2 hus IMMEDIATE CAUSE (0) DUE TO PENITONITIS Canditions if any, which gave rise to immediate DUE TO cause (a) stating the under-Ruptune of desending lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ASTRIC AND DUO LENAL ULCER YES PYNO 1 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (State) Day, Year 20d INJURY OCCURRED (County) factory, street, office blda., etc.) Haur a.m. Nat while at wark at wark 1956, to 5 ept 7 19 40 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from June saw the deceased glive on 5 c.p. T.7. 19 60 and that death occurred at 3 45% from the causes and an the date stated above /SIGNED ATTENDING PHYS STAFF DIRECTOR 22c PHYSIC AN'S 22d, ADDRESS 3503 renny 51 23a BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county, (State) Washington, D.C. 1960 Glenwood Cemetery - R LEVE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

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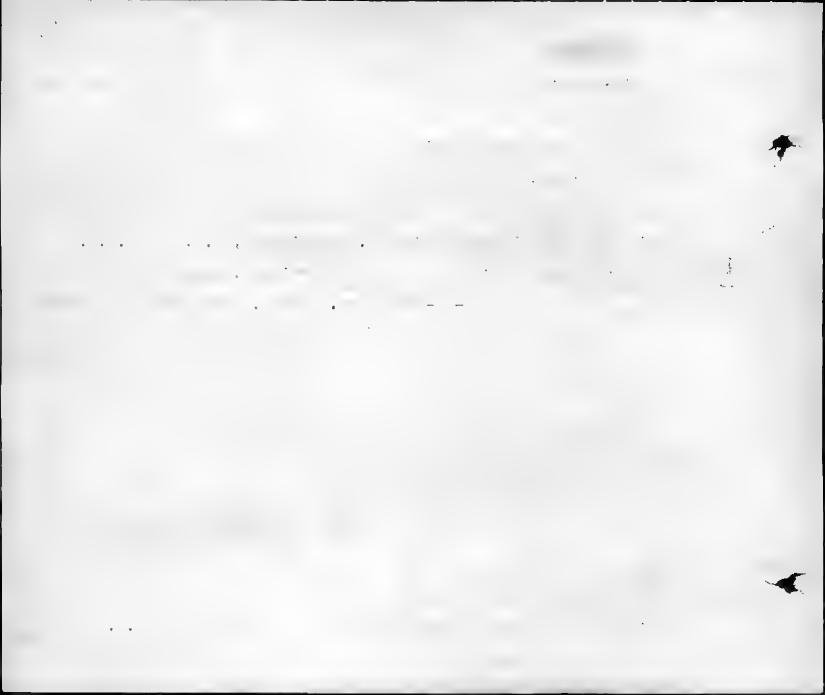
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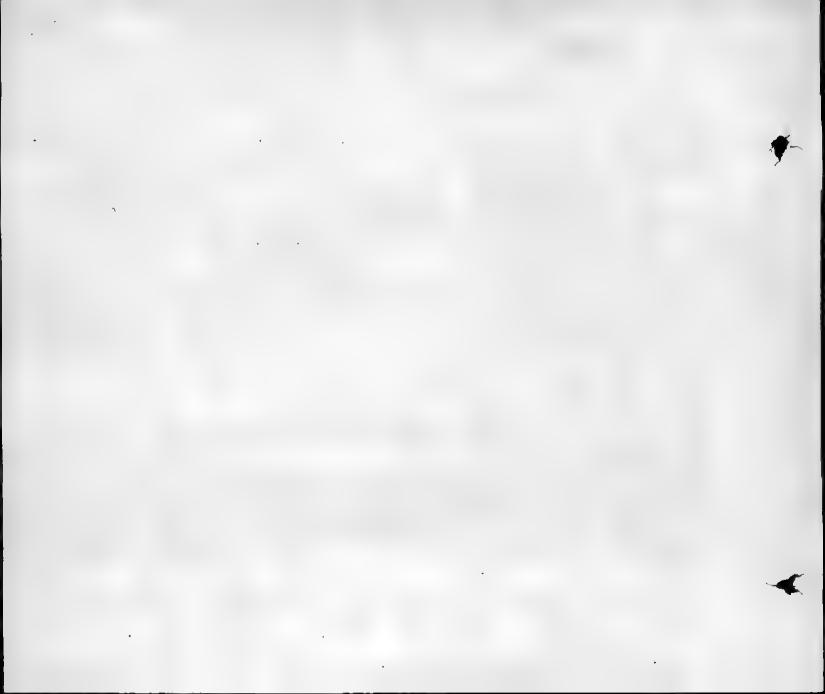
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7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12 c/		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10563
100	NA)	Reg. Dist. No.
000	IVI	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 4. COUNTY PRINCE CEOPCES MARYLAND D. COUNTY PRINCE GEORGES
		b. CITY OR TOWN If outside corporate from with RURAL C. LENGTH OF STAY IN 1b. C. CITY OR TOWN If outside corporate from with RURAL C. LENGTH OF STAY IN 1b.
200	-4 Q	and give nearest feath) ATVENDALE DOA EDMONSTON
nec ttor. or to	11	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
E T	ş	ITELAND MEMORIAL HOSPITAL 14901 Buchanan ST. ON A FARM?
delo mal o wr		3. NAME OF First Middle Last 4. DATE Month Doy Year OF
any fund fund regi		Type or print) COVIE ANN BOYER DEATH SEPT 15 19 60
두 독 후		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1YEAR IF UNDER 24 HRS IFUNDER 1YEAR IFUNDER 1YEAR IFUNDER 24 HRS IFUNDER 1YEAR IFUNDER 1YEAR IFUNDER 24 HRS IFUNDER 1YEAR
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frer dand and be re	1	during most of working life, even if retired) NONE WASH. SAN. TAKOMA PARK U.S.
irs offer 1, 2, an may be is 1 and		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
es l'		UNKNOW DELCRES BOYER
Pog oge e po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (1991, give wor or dozen of service)
in thin the state of the state		NOME MOTHER 4904 Buchanani ST. EDI MISTON
P.W.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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in It		conditions, if ony, which) (b) Conjuntal Heart Deserve 12 days
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and in the control of	0	PART 11. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATHBUY NOTIFICATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Ever nature of injury in Part 1 or Part 11 of I'vem 188 (147) 5 CAUSE OF DEATH.
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ord Sxam oold		
NER.		Hour o. m. While Not while factory, street, office bldg., etc.)
AMI Medi		
E Silver		death resulted from: Notural causes Accident , Suicide , Homicide , Undetermined cause .
C CAL		The state of the s
OF STATE		SIGNATURE Wanter OWalten M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
× 5 0	2	EXAMINER'S ASSISTANT MEDICAL EXAMINER
e the word NEI		NAME (Type) DAYTON O. WATKINS DEPUTY MEDICAL EXAMINER
0 5 5 0 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	PE	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Store) Pt Lincoln Cemetery Colman Manon, Md.
H E	i 11	Burial 9/16/60 It Lincoln Cemetery Colmar Manor, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55	2	F. Gasch's Sons Hyattsville Md
No	NA	DATESEP 1 9 80 Clothing 9 House



1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12 E		10644 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 2 Finance 71 9-23-60 es Reg. Dist. No. 10564
shoul a shoul	L	PLACE OF DEATH o. COUNTY funce Lo MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE b. COUNTY function o. STATE b. COUNTY function o. STATE
but is	a	Beltsulle 7 Land # Elicalt City on Town (if outside corporate limits, write RURAL and give marriest town)
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uneral your your segistron		NAME OF DECEASED MARY FIRST Middle BOYLE 4. DATE Month Day Year OF DEATH Sept 9 19 60
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uted with 18. Gram M3 Permit.		18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Level Herry H
pencil in Herr olong with for buriof-fronsit		Conditions, if one, which to the personal Conditions danuel 10 years gove rise to immediate cause (0), storing the underlying DUE TO DUE TO DUE TO Since I can be considered to the consistency of the cons
ficate st ding" in Office sed os a	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
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writing writing sief Med OR: Pog		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
Affords, or the Core.		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
the the control of th		EXAMINER'S DAYTON O WATITINS DEPUTY MEDICAL EXAMINER 9-10-60
50 50 50 50 50 50 50 50 50 50 50 50 50 5		BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) St John's Cemetery Forest Glen Md.
VS. A15ME(5) 5M 9/5S		F. Gasch's Sons Hyattsville, Md. 240. REC'D BY REGISTRAR'S SIGNATURE DATE SEP 1 6 '60 Calling 2. Kana



Vs A1s (4) 15M 9/SB

4/12	MARYLAND	STATE DEPARTMENT C	OF HEALTH—BALTIMORI	:, 18
TOO	60	CERTIFICATE O	F DEATH	R

1()565 Reg. Dist. No.

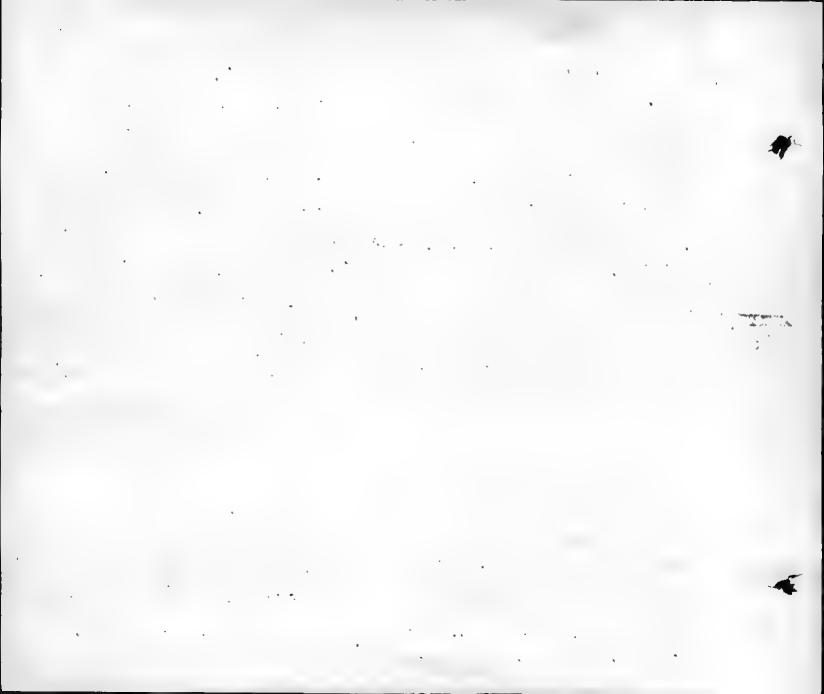
1.	PLACE OF DEATH	G				2. USUAL RESI	DENCE (Who	ere deceosed	lived. If instituti b. COUNTY	100		_	
L	Pr	ince Georg	e's	MARY	LAND	o. STATE	rylan	d			nce		-
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	OR INSTITUTION	ferson Str	teet			1 4005	Jeff	erson	Street			ON A	FARM?
-	NAME OF	Fir		Middle				4. DATE	Mor	- al-			
3.	DECEASED (Type or print)	Ma	•	E		ranson	M	OF DEATH	Septe		18.		ear 9 60-
4	SEX	16. COLOR OR RACE		NEO ET ALEXED ALABBI		B DATE OF BIRT	ш			_		· · · · · · · ·	/
1	female	white	WIDOWI	RIED 🗌 NEVER MARRI ED 🔣 DIVORCE		May 11,			9. AGE (In years lost birthday) 85 yrs.	Months	Days	Hours	Min.
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		lousewife	'	own Home			Jers			U	SA		
13.	FATHER'S NAME	The state of the s				14. MOTHER'S	MAIDEN N	AME					
	1	Benjamin	Pine				Jes	sie I	aker				
15	WAS DECEASED EVER		CE57 16	SOCIAL SECURITY NO)	NFORMANT			Add	ress			
1.	so, to, or ankingwin		10		Rut	h B Din	gee	Hyatt	sville,	Md.			
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne fop/(p), (b), and (c).] ^		0				INTER	VAL BET	WEEN
	PART I. DEAT	TH WAS CAUSED BY:	1 /	Me tan	1-0	bie C	arca	uno	and)		77	24%	DEATH
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	Constitution of the second												
	gave rise to immediate												
	cause (a), stating the <u>under-</u> lying cause last. (c)												
Z	PART II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASI	CONDITION GI	VEN N PAR	T 1(a) 19	WAS A	UTOPSY
CATION												PERFOR	NO TE
	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURREC). (Enter nature o	of injury in P	art I or Part	It of item 18.)				CHA
CERTIF	OR CONTRIBUTING	MEDICAL EXAMINER)											
13		/ Manth, Day, Ye	or 20d. II	NJURY OCCURRED	20e PL/	ACE OF INJURY	Home, farm,	20f. (City	ar town)	(4	County)		(State)
WEDICAL	Hour a.m.	19	While	Not while	loc	tory, street, affic	e bidg., etc.	1					
12	p. m. Jai work Joi work												
	21. I certify that I attended the deceased from												
	alive an, 1960-, and that death accurred at V.M., from the causes and an the date stated abave.												
	ACTUAL ACTUAL												
	SIGNATURE	a gra	1			м.р ў	192	UZUZ	2773	- 44707	44	7.	
	PHYSICIAN'S PONDLA S. FLEISCHER NYATTSVILLE, LOS 9/19/60												
22	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)										(Stote)	
	REMOVAL (Specify) Burial	Sept 2	2, 19	960 Cedar	Grov	ve Ceme	tery	C1:	nyton	New d	Jers	ey	
23	FUNERAL DIRECTOR'S			ADDRESS				BY REGIST		STRAR'S SI			
	F Gasc	h's Sons	Hya	ttsville,	Md.		DATE SE	P 2 0 '6	0 a	thus S.	FireMA	A.	



1 4/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
* *	10625 CERTIFICATE OF DEATH Reg. Dist. No. 10566											
director	1 PLACE OF DEATH O. GOUNTY O. STATE O.											
funeral Video	b. CITY OR TOWN (Fourside corporate limits, write RURAL and give nearest fown) AVX - Hall Miles 14v. 5mo. Mt. Rainier											
S 22 The state of	d. NAME OF HOSPITAL (II not in hospital, give street oddrows) OR NSTITUTION OR NSTITUTION OR A FARM? YES NO YES YES NO YES YES NO YES YES NO YES YES											
filled in	3. NAME OF DECEASED (Type or print) Marthy Lacone Brooks DEATH Sept. 2, 1960											
pletely ers. Pag	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female white widowed Divorced Hude, 24, 1883 of 1883 of 1883 of 1883 of 1883 of 1885.											
and com	10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY AT BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. D. H. Ohio 21. J. H.											
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ne attend hen plea	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (d)] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) (evolve) (0.5 Cu. or Acc. den T											
equires incir. signed by the permit. The din any every	Conditions if any, which gove rise to immediate couse (a), stoting the under-lying cause last. DUE TO DUE TO (b) Ar Jerio S Clerojis DUE TO											
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he haspi he haspi R: After ached fo burial, o	21. I certify that I attended the deceased fram $R = 1.00$, to $9 = 2.00$, that I last saw the deceased alive an $R = 2.00$, and that death accurred at $R = 2.00$, fram the causes and an the date stated above.											
HRECTO HRECTO HARECTO	ACTUAL SIGNATURE Stuart Melcon M.D. 7620 Corroll Avenue Takonatark Ha. 9-2-6											
ERAL D	PHYSICIAN'S STUART L. NELSON											
may be no Fune Reference of the registr	Bremoval (Sparty) 9/6/60 For Lincoln (City, town, or county) (Stote)											
/S A15 (4) SM 9/58	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ML, Rainie 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Nalleys Funesal Home MS DATE 7 160 Civiling 8 Kinns											
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
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eoth endin lease thin	- -	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	TWEEN								
the dither phen phen phen phen phen phen phen phen		PART I. DEATH WAS CAUSED BY: CEHEDRGL LIEUS OF THE AGE	cy2								
by the		Conditions, if any, which) (b) CEMEDIAL anteripalerosis 5000000	y isto								
requires sn. signed sit perm nd in a		gove rise to immediate cause (a), stating the <u>under-leader (a)</u> lying cause lost.									
physicials beer as a second as	1004	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO	RMED?								
IAN: The ending ficate he bur the bur rem	1000	20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRI									
PHYSIC of ar ath his certifuse as the asternation,	70	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm factory, street, office bldg, etc.)	(Stote)								
ol, cre		21. I certify that I attended the deceased from 2-21- , 1960, to 4-41- , 1960 that I last saw the d									
TTENC 7 the t 70R: / lefach o bun		alive an 4-21-, 1960, and that death accurred at 11th PM, from the causes and an the date stated ADDRESS Expect, city or town, state)	E SIGNED								
ORECTOR A		SIGNATURE IN ALL P. MAGEMENT M.D. LAUREP JANITHRIUM 9-	11-66								
OSPITATO Le reit INERAL DI e 3 should registrar p		PHYSICIAN'S ERIKA P. KRAEMER LAURER MARYRANI	2								
HOSP may be FUNE page 3 the regi	$\frac{2}{2}$	22c. NAME OF CEMETERY OR CREMATION, 22d. LOCATION (City, town, or county) REMOVAL (Specify) 9/24/60 St. Phomes Cemetery Croom 16d.	e)								
5 5 0 0 ±	3	ADDRESS MO 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
VS A15 (4) 15M 9/58	E	ATCHIE BORDER MALBORD DATE SET 28 60 Circhian S. Kines									



by the funeral director, d 2 should be filed with Cafter death. Page 4 pup TO MOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I may be reformed by the Inspiral or aftering physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

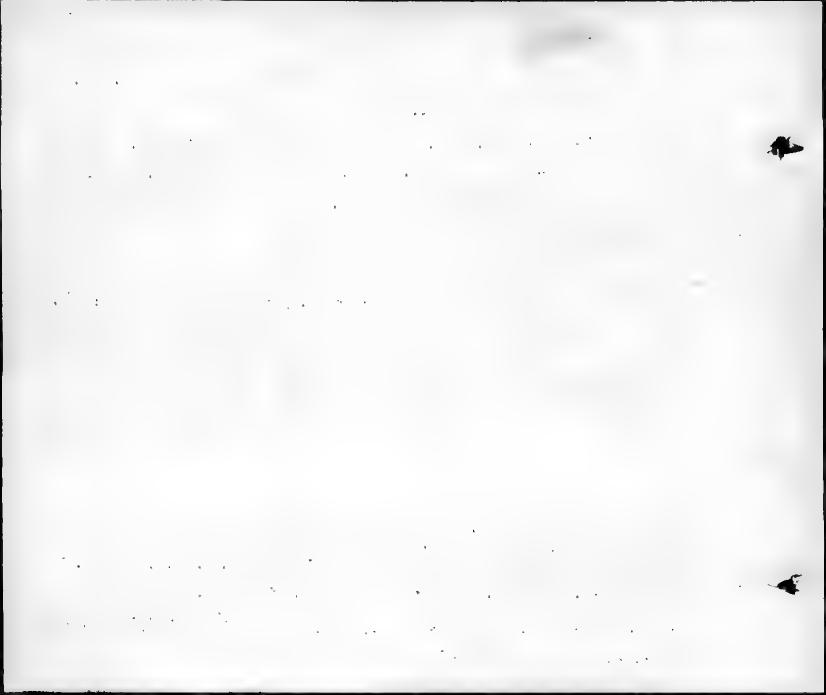
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 40646

CERTIFICATE OF DEATH

10568

		200							real nes	11 1140	
	1. PLACE OF DEATH o. COUNTY P	rince Geor	ge	MARYLAN	11	USUAL RESIDENCE (Who o. STATE Maryle		b. COUNTY	75	Geo.	ssion)
	RURAL and give nec	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Suitland			ENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and gi						rn}
	d, NAME OF HOSPITA			ddress)		d. STREET ADDRESS		en St., S	S.E.	ON	SIDENCE A FARM? NO 13
	3. NAME OF DECEASED (Type or print)	NOR	iř.	Middle C.		BUSSLER	4. DATE OF DEATH	Man Sep	th	5th	Year 1960
	5. SEX Femal o	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED		ATE OF BIRTH lov. 23, 191		9. AGE (In years last birthday) 49 yrs.		Days Hours	
7		N (Give kind of work on ng life, even if retired) SOWITO	lane 10b. K	IND OF BUSINESS OR II Home	NDUSTRY	11. BIRTHPLACE (Slote of Marylan		ountry)	12.CITI	ZEN OF WHAT	COUNTRY
	13. FATHER'S NAME	dwin Joy			14	i. Mother's maiden n Amen	ame ida Gr	ay			
	15. WAS DECEASED EVER (Yes, no, or unknown) (I	IN U. S. ARMED FOR- Fyes, give war or dotes of se		OCIAL SECURITY NO.		mant onard S. Bus	sler	108Be		en St S	E
	/ / PART I. DEAT	H [Enfer only one con H WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO		for (a) (b), and (c).]	<i>t</i> 3	Failure -	Chim	ie		INTERVAL E	
	Canditions, if an gave rise to in cause (a), stating the lying cause last.	y, which) (b)		Q1.	uni	the Fenil	de	ela=f		30 ye	Mo.
4	CAT	ER SIGNIFICANT CONI	DITIONS CO	ONTRIBUTING TO DEATH					'EN IN PART	PERF	ALTOPSY ORMED? NO [7]
1	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	AEDICAL EXAMINER)		RIBE HOW INJURY OCCU			7				
	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Yea	While	Nat while at wark	factory.	OF INJURY (Hame, farm, street, affice bldg., etc.)) [<u> </u>		ounty)	(State
	21 I certify the	of I attended the		d fram Jacon			M, fram		d an the	date state	
	SIGNATURE TO	ilal Tr	1 Vn	uney AN	M.D.	1150 Conn A	•		,	Sept.	5, 60
	PHYSICIAN'S NAME (Type)			McInerney		50 Conn. Av			<u> </u>	on DC	
ŧ	22a. BURIAL, CREMATION REMOVAL (Specify)	9-8-6	00	WAShen	TOR CR	net	1	igh (City, town	2	m	ote)
100	23. FUNERAL DIRECTOR'S	SIGNATURE	1661	1- Horn Ho	pe 1		SEP 7	100	STRAR'S SIG	3. Kenna	

VS A15 (4) 15M 9/58



CERTIFICATE OF DEATH

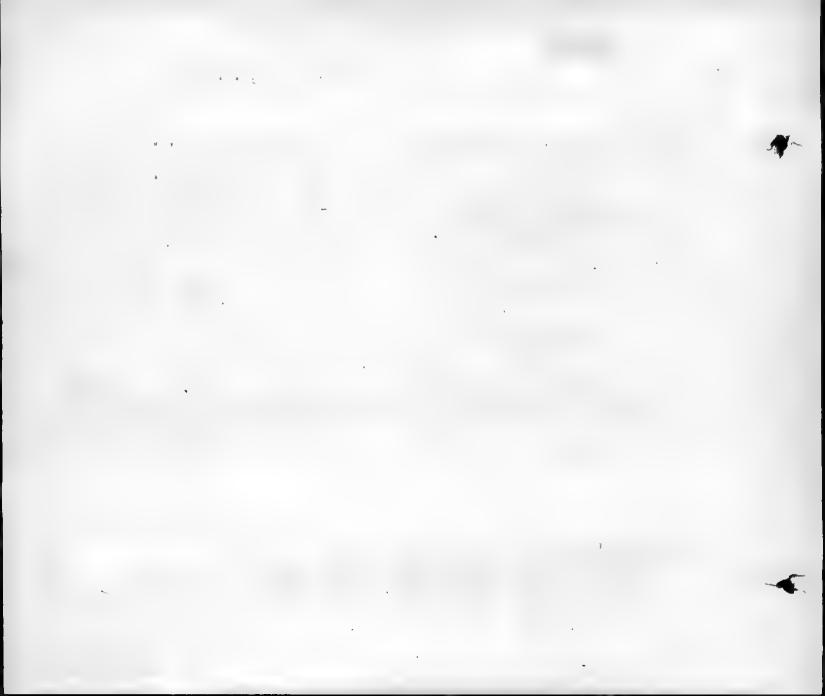
			Ubbb		LKIIIICA	TIE OF PLATE	•			
_ #		LACE OF DEATH			MARYLAND	2 USUAL RESIDENCE (V G. STATE Washingto	here deceased	lived. If institution: b COUNTY	Residence befor	re admission)
4	<u> </u>		nce George							
ر	ľ	 CITY OR TOWN (If RURAL and give ne 	foutside corporate limits orest tawn)	, write c LENG1	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corpore	ote limits, write RUR	AL and give nea	erest town)
		Chever							4-7	\sim
1	(NAME OF HOSPIT	A (If nat in hospital, gi	street address)	1	d. STREET ADDRESS			47	e. IS RESIDENCE ON A FARM?
		Prince/	Leorger &	eneral]	fospital	3064 Cli	nton St	reet, N.E.		YES NO
	3	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Manth	Do	
		Type or print)	Harry	I		Butts	DEATH	Sept.	20	0 19 60
	5 5	ŒΧ	6 COLOR OR RACE	7. MARRIED NE	VER MARRIED	B. DATE OF BIRTH				IF UNDER 24 HRS
		Male	White	WIDOWED-	DIVORCED [2-8-95		75 yrs.	Months Days	Hours Min.
	10o	. USUAL OCCUPATIO	N (Give kind of work de	one 10b KIND OF	BUSINESS OR IND	USTRY 11 BIRTHPLACE (Sto	e or foreign co	untry)	12. CITIZEN OF	WHATCOUNTRY
		during most of work	ing life, even if refired)	B.20	RR	Janes S.	Kring	2 7h. Va	u	45.
		FATHER'S NAME	- Julian	170.00	1 1 1 1 1	14. MOTHER S MAIDEN	NAME	, , , , , , , ,	1/ 1	
		Meon	90-	8117	1/2	mary	mar	garet 1	Cerfo	0%
-			RUN U. S. ARMED FORC		CURITY NO. 17	INFORMANT	- U	1103-AdMes	cattroo	RAM
)(Yes	, na, or unknown)	(IP yes, give war or dates of ser	Vice) 705-09.	-1854 m	vargares. B.	Ellin	er Carro	eltra- (Pa Gon m
•		18 CAUSE OF DEA	TH [Enter only one cou	se per ling feg (o),	(b), and (c).]			7		ERVAL BETWEEN
			TH WAS CAUSED BY.	60.00	TONI	TIC			ONS	SET AND DEATH
		1 - 2	IMMEDIATE CAUSE (a)	/	, , , ,					4.173
	Conditions, if any, which) Bupture OF RECTUM									2/44/
		gave rise to it	mmediate (U)_	1 4	, 4,- 2	01 1400			- 6	72175
		couse (a), stating lying couse last.	the <u>under</u> DUE TO	Ade	NO CA	ncirom	A OF	· lect	um :	3 mos
	Z	PART II OTH	IER SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BE	IT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN	1 IN PART 1(0) 1	PERFORMED?
	CATION									YES Z-NO-
	93.	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOY	W INJURY OCCUR	RED. (Enter noture of injury i	Part I or Port	II of item 18.)		
September 1	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
	Z.	20c. TIME OF INJUR	Y Manth, Day, Year	20d INJURY OC		PLACE OF INJURY (Home, fa		or tawn)	(County)	(State
	WEDICAL	Hour a m	19	While Not	while	octory, street, affice bldg , e	te.)	·		
	2	p m		ot work at w		Juneo	6-9	Su = T > 4	(-1	
			t (I) (this haspital)				2.0to	74pT 20		nat (1) (we) las
		saw the deceas	ed olive on 3 4	PT 20 191	e and that	death occurred at/6	M, from	he causes and	an the date	stated above
		220 SIGNATURE	win Alten	Wh	man.	ATTENDING _	MED	STAFF		22b DATE SIGNE
		- Jun				M.D PHYS.	DIRECTOR	STAFF PHYS		9/20/6
		22c PHYSICIAN'S NAME (Type)	Vanma	Daw	AT / June	22d ADDRESS 2	we 67	- WIT //	MINIO W	ml
			7 01-171 /4/	JON	DI DIME	ישי ביינטידו:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71171676	- / '4_
	23a	BURIAL, CREMATIO	01 . 11	,	ME OF CEMETERY	OR CREMATORY	23d LOCAT	ION (City, town, ar	county)	(Stote)
	3	usial-	7/24/6	J 01	t Live	colv	Ose	war 1	nanos	v md
1	24,	FUNERAL DIRECTOR	S SIGNATURE	ADD	RESOLL RO	Unil/2 250. RE	C'D BY REGISTI		RAR'S SIGNATUI	RE/
	no	200 m. Pa -	2	House	non	A A DATE	SEP 2 3 1	60 CL	thus I the	Ama

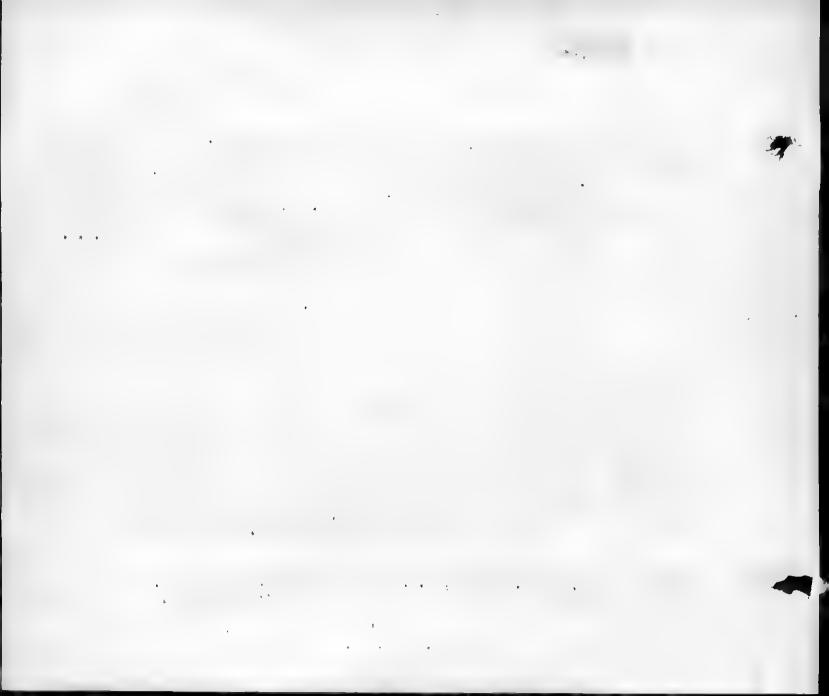
ing the funeral director, and 2 shauld be filled with ofter death. Page 4

TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 havys may be reflected by the hospital at attending physician.

TO FUNERAL VIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death

VR A15 (4) 1SM 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10588 directar, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Prince George a. STATE COUNTY MARYLAND George Prince Maryland funeral uld be fa CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 Mo Cheverly College Park the d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION 9806 49th Ave. Prince George General Hospital YES NO IN NAME OF DECEASED 4. DATE First Middle 60 Sept. Carroll DEATH (Type or print) 19 Poges William AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7 875 Months Days Hours WIDOWED 🖅 DIVORCED [Dec. White Male 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during mast of working life leven if retired) 12. CITIZEN OF WHAT COUNTRY? pug corbon 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 5 within physici remave WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address thending pleose CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ō IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any which (b) gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burnal-transit been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? cremotion has YES TO NO [7] 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW UNJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18) certificate MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) (State) Day, Year (County) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at wark p. m 12 60 to Sept.8 19 60 that (I) (we) last July 12 21 | certify that (1) (this haspital) attended the deceased fram.... saw the deceased alive an Septe 8 1960, and that death accurred at 1550 hours the causes and an the date stated above 22a SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR I STAFF DI å M.D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 8h02 Fenton St. Silver Spring, Md. Dr. Harold S. Tidler, M.D. FUNERA en BUR AL, GREMATION 236 DATE THEREOF 23d LOCATION (City, fawn, or county) NAME OF CEMETERY OR CREMATORY (State) REMOVAL (See 9 24 EUNERAL DIRECTOR S. SIGNATURE ADDRESS 25b REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR A15 (4) 15M 9/59

ď

attending



MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10573

Orthur S. Kroug

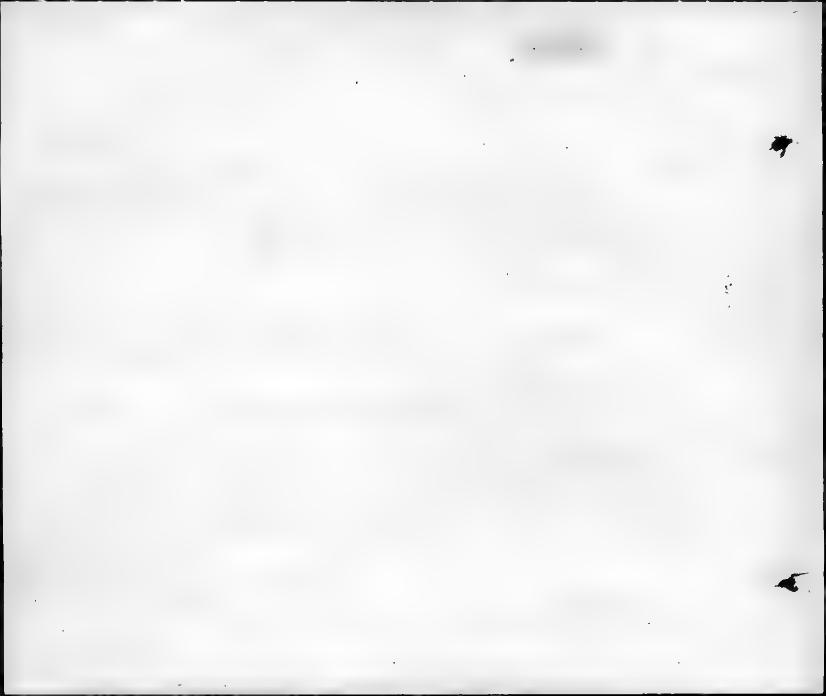
DATE SEP 2 7 160

	CERTIFICATE OF DEATH
) 1 PL o.	COUNTY Prince George & MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Mary Land b. COUNTY Pr. George &
ь. С	CITY OR TOWN (If outside corporate I mits, writer c LENGTH OF STAY IN 1b c CITY OR TOWN of outside corporate I mits, write RURAL and give nearest youn) Armorty I LLS
d.	NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 72 rd Place 6. IS RESIDENCE ON A FARM YES [] NO
	AME OF First First Lost Lost 4. DATE Month Day Year OF DEATH 9 24 196.
S. SE	WIDOWED DIVORCED 7-6-1880 lost birthday) Months Days Hours M
10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote orforeign country) 12 CITIZEN OF WHAT COUNTRY HOUSE WITH A COUNTRY AND A C
	William O Bea 12 Eliza Moore
	(AS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Social Security No Or unknown) (If yes, give wor or date of service) Social Security Lee Carrier Carrier Hill
	B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AREA WAS IMMEDIATE CAUSE (a) MARCHARD AREA WAS CAUSED BY: IMMEDIATE CAUSE (a) MARCHARD AREA WAS CAUSED BY: IMMEDIATE CAUSE (a) MARCHARD AREA WAS CAUSED BY: IMMEDIATE CAUSE (b) MARCHARD AREA WAS CAUSED BY: IMMEDIATE CAUSE (c)
	Conditions, it ony which) DUE TO writly in the asbedours west
	gove rise to immediate cause (o), stating the under- lying cause lost. LC) Metasteuris
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTO PERFORMED YES NO
G. C.	10a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c CONTRIBUTING C CAUSE OF DEATH 20c DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
MED CAL	Oc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City at town) (Caunty) (Si foctory, street, office bldg, etc.) p m 19 (Caunty) (Si foctory, street, office bldg, etc.)
	in 1 certify that (I) (thus hospital) attended the deceased fram $9 - 1 - 125$, to $9 - 24 - 1966$ that (I) (we) saw the deceased alive on $1 - 24 - 1966$ and that death accurred at 28 M, from the causes and an the date stated about
1 1-	ATTENDING MED STAFF 9-24-SIG
	PETER DUUS 6/124 Control A. Capritat Highs 140
23a.	SUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATION 23d LOCATION (City, town, or caunity) (Stote) Forestville, Episcopal Forestville, Md.
24 FI	JNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Hyattsville, Md.

TO HOSPITACER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reharded by the haspital or attending physician VR A15 (4) 1SM 9/59

F. Gasch's Sons



C.

	10589 CERTIFICATE	OF DEATH
	1. PLACE OF DEATH O COUNTY Prince George MARYLAND	usual residence (Where deceased lived, If institution Residence before admission) a. STATE Maryland b COUNTY Prince George
		c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Radiant Valley
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prince George General Hospital	d. STREET ADDRESS 913-Randolph Street on a FARM? YES ON NO ME
	3 NAME OF DECEASED (Type or print) Michael Ciuffreda	COXXECUTION DATE Month Day Year COXXECUTION DEATH September 7 1960
	Male White WIDOWED DIVORCED J.	ATE OF BIRTH PARTICLE OF BIRTH
	100 USUA. OCCUPATION (Give kind of work done) during most of working life, even if retired) Furniture Dealer Furniture	Italy U.S. A.
	Joseph Ciuffreda	Maria Piccerella
	15 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFOR. (15 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO DOM (17 W TO O'	MANT Son 203 Abord St, Ciuffreda Capitol Hgts, Md.
W.	DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under: Ying couse lost. Par II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
đ	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Port I or Part II of item 18)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While at work of work	OF INJURY IHome, farm, 20f. (City ar tawn) (County) (State) street, office bldg., etc.)
	220 SIGNATURE TO M.O.	ATTENDING MED. PHYS DIRECTOR P
	23a BUR,A., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CR	EMATORY 23d LOCATION (City, town, or county) (State)
	Burial 9/12/60 Mt. Olivet 24 FUNERAL DIRECTOR'S SIGNATURE J. W.M. See OSONS 300 4 th St.	Bladensburg, D. C 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE P 1 3 '60 And A Home

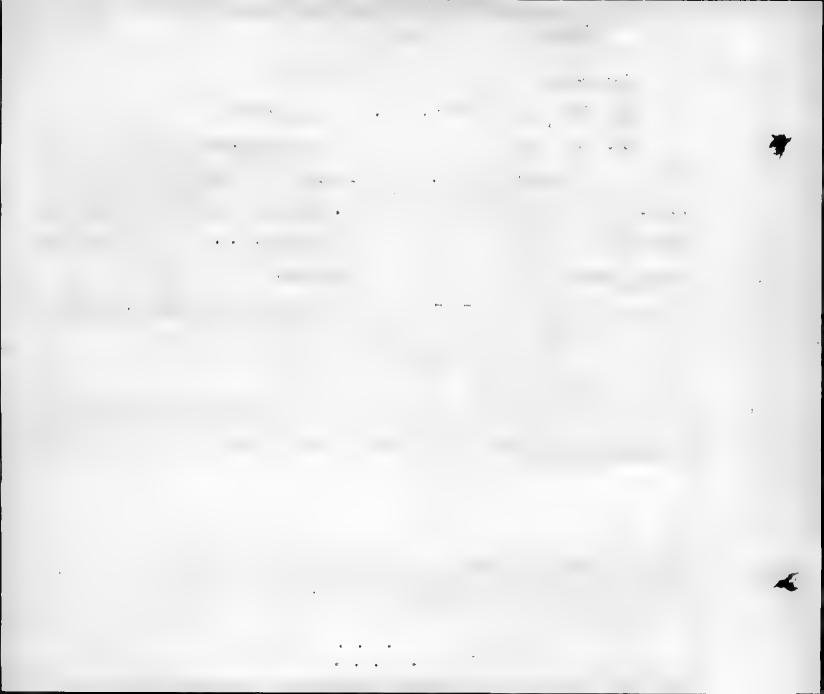
DATE P 1 3 '60

after death Page 4 the funeral director and 2 should TO HOSPITALS'R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, may be remained by the haspital ar attending physician and specificate has been signed by the attending physician and campletely filled in by Pages 1 page 3 should be detached for use as the burial-transit permit. The please remove corban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15 (4) 15M 9/59

E F C M ... < 122 · 1 · 1

within 24



VR A15 (4) 15M 9/59

	T40.4	0	CERTII	ICA	IE OF L	JEMIN					
PLACE OF DEAT	Н				2 USUAL RE	SIDENCE (Wh	iere deceased	d lived. If institute	ın: Residenci	e befare ac	Imission)
a. COUNTY	Prince Geor	OAS.	MAR	YLAND	o. STATE	ict of	Colum	bia county			
b. CITY OR TOW	/N (If auts de carporate limi		c, LENGTH OF STAT	(IN 16				rate limits, write R	URAL and gi	ve nearest	lown)
7 m = 5	ve nearest town) Glenn Dale		l year,8	mo.	Mach	ningtor			A 5	1	
	OSPITAL (If not in hospital, g	live street c	ddress)	11104		ADDRESS	1		- BC	e. IS	RESIDENCE
OR INSTITUTI	_		-7		265	16th	Stree	t.N.W.			S NO 🔀
NAME OF	Glenn Dale H		. A.L. Middle				4. DATE		48		
NAME OF DECEASED (Type or print)	ETHEL	sr	PAULI		CLARI	Last C	OF DEATH	Mon Sept		10	19 60
SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARR	IED 🔼	B. DATE OF BI			9. AGE (in years			INDER 24 HRS
Female	White	WIDOWE	D DIVORC	ED 🔲	Jan 7	, 1880		lost birthdoy) 80 yrs.	Montas	Days Ho	ours Min
JSUAL OCCU	ATION (Give kind of work working life, even, if retired	dane 10b. I	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTH	PLACE (State	ar fareign c	auntry)	12 CITIZ	EN OF WH	IAT COUNTRY
nternal 1		red)			Atla	enta, C	Georgi	a	U.	S.A.	
. FATHER'S NAME					14. MOTHER	E'S MAIDEN N	NAME				
Will:	iam L. Clark					Jennie	Cooke				
	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17 IN	IFORMANT			Addi	.623		
(es, na, or unknown) NO	(If yes, gave war or dates of s		unk.		Pers	son					
-	DEATH [Enter only one co		<u> </u>	1						INTERVA	L BETWEEN
	DEATH WAS CAUSED BY	_								3 da	AND DEATH
140	IMMEDIATE CAUSE (d		nchopneum	MIT a_							J
	/ X	'									
	if any, which) (b	,								-	
	ling the under DUE TO)									
lying couse I	OTHER SIGNIFICANT CON		ONTRIBUTING TO N	EATH BUT	NOT BELATED	TO THE TERM	INIAI DICEAC	E CONDITION G V	CN. IN DARY	1(n) 10 V	VAS A ITOPSY
(1 (13 mm m m m m m m m m m m m m m m m m m	I awaalawi	4500								P	EKEOKWEDA -
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OR CONTRIBU	T WAS UNDERLYING D TING CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	200 DESC	KIBE NOVY INJUNT (JCCURREL	J. (Enter signals	or injury in	1011101101	i ii di nem io ;			
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Mashirton, D. C.





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D HOSPITA IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. Page 4	may be refused by the haspital or attending physician Selveta Secretary Filled The Funeral directory and several directory of the Funeral directory filled The Funeral directory of the Funeral dir	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be tried with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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TO HOSPITA

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Įγ	es, no, or unknown)	(If yes, give war or dates or	f service)	4 18 897	1 Mrs	Fthal D	Corne	ell. Ser	- n- 4	2
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CERTIFICATE OF DEATH

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		outside carporate limi		c. LENGTH OF STAY	IN 16				ote limits, wri	e RURAL	and give n	earest for	vn)
	Chever	y. Md.				Hyattsville, Md.							
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	Retired	U		reasury De	nt	Mary	land				US	A	
13. FA	THER'S NAME					4. MOTHER'S		IAME					
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				SOCIAL SECURITY NO						Address			
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	Dr. Fl	eischer				473	KUK	ENS	CHAPL	LK	M. 14	947	malle
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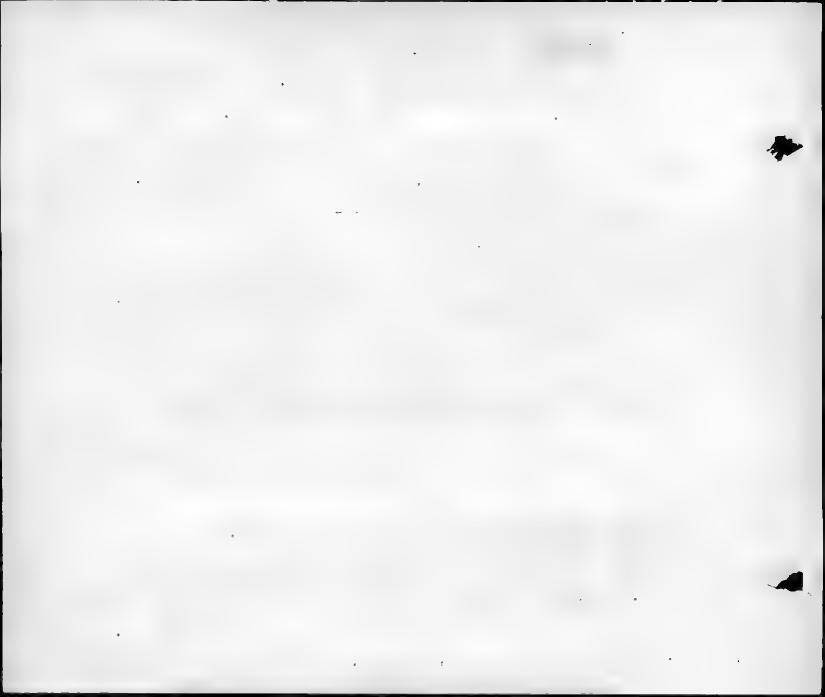
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may be rest and by the hospital or otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State 8mord of Health prior to buriol, cremation, or removal, on in any event, within 72 hours ofter death

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hi

TO HOSPITA VR A15 (4) 15M 9/59

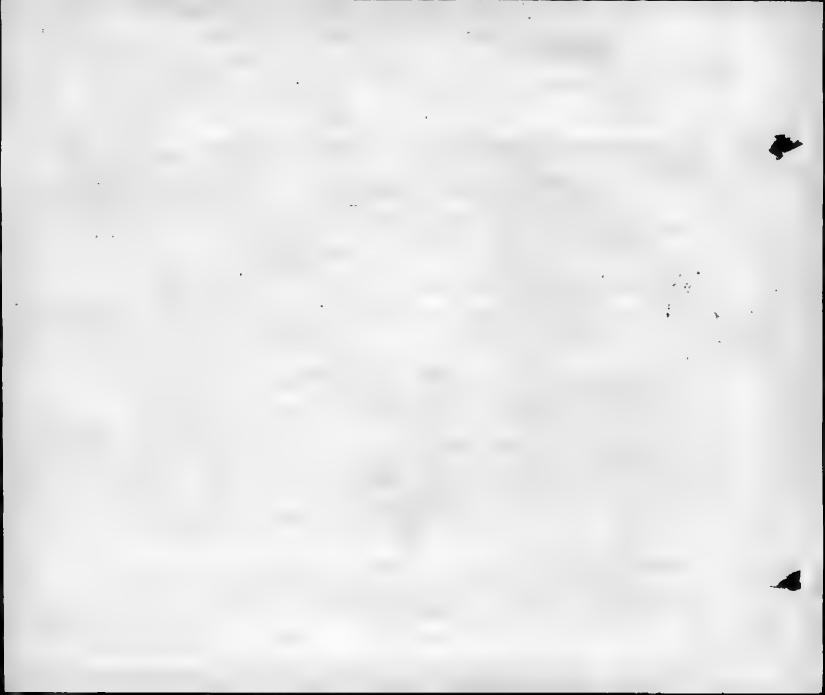


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George o. STATE b. COUNTY eg MARYLAND Maryla nd Prince George Ē 107 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outs de carporote limits, write c LENGTH OF STAY IN 16 ø Q Chever Ly Davs Brentwood d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR NATION ON Prince George General Hospital ON A FARM? YES NO T 1106 Cottage Terrace NAME OF 4. DATE First Middle Last Month Day Year Ruby Davis DEATH 1960 (Type or print) Sept. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTHA lost Sythology) Months Days Female White DIVORCED | WIDOWED [yrs. papers. ā 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINGSS OR NOUSTRY 11, 8IRTHPLACE (State during may of working life even if retired) COM 12 CITIZEN OF WHAT COUNTRY? untry during mast of warking life even if retired) pup pou 13 FATHER'S NAM MOTHER'S MAIDEN NAME physician COL эмоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ding 1B. CAUSE OF DEATH [Enter only one couse per inte for (o), (b), and (c).] INTERVAL BETWEEN offenc ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 7705 " DUE TO R.t. 157605 HO-CALCIMOMIA Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. m While Not while a! work | at work 21. I certify that (i) (this haspital) attended the deceased from 1975 1960 to Sept 9 19.60 that (1) (we) last and that death accurred at \$304 little the causes and an the date stated above saw the deceased alive and ed by the 220 % GNATURE 22b DATE SIGNED ATTENDING PHYS þ M.D Board 22c PHYSICIAN'S 22d ADDRESS should NAME (Type) Mt. Rainier, Md. Dr. Chas. Hageage. FUNERAL gle 3 DATE THEREOF BUR AL CREMATION 23b 23d, LOCATION (City, town, or count poge the Sta REMOVAL (Speqify) O 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE 25a. REC'D BY REGISTRAR SEP VR A15 (4) DATE 15M 9/59

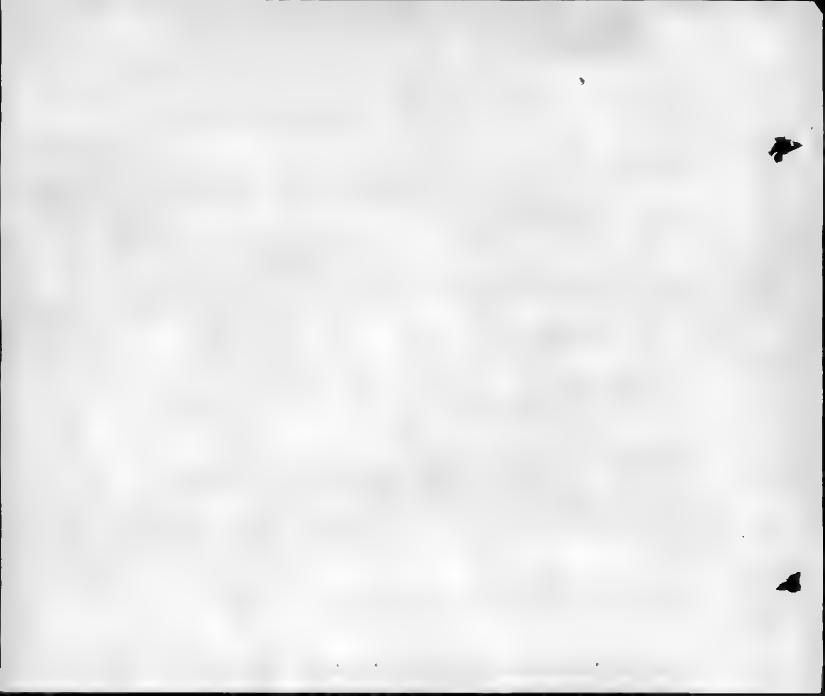
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Nat cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND PRINCE GEORGES PRINCE GEORGE'S b. CITY OR TOWN of publide perpendie limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) and give nearest lown) HITTH CREST HETCHTS CHEVERIA D.OA. d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 5105 28th PARKWAY YES NO 'HINGE GEOR**GE'S** GEWER**AL HOSPITAI** NAME OF DECEASED Middle DATE First Month Day Year DEATH (Type or print) 19 60 De MARR SEPT GEORGE OLLIF 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE In yours IF UNDER TYEAR IF UNDER 24 HRS. IO IO Months MALE WHITE 8-18-14 Days Hours Min WIDOWED | DIVORCED I yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLEND J.S. STUDENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LETTIE V. RIPLEY THOMAS P. De MARR Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no pr unknown) 0 V. De MARR 5105 PARKWAY HILLCREST Give P.M.3. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) form DUE TO with Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY SO PERFORMED? NO R YES 🗔 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part & of item 18.) 3 should INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f (City or town) (County) (Stole) factory, street, office bldg , etc.) Hour Not while 0 0 Medic at work at work pm. 21. I certify that I tack charge of the remains described aboute, held on Autopsy [7]. Inspection XI. Inquiry and find that to the Chief Suicide death resulted from: Natural causes | | Hamicide ... Undetermined cause DATE SIGNED M.D. CHIEF MEDICAL EXAMINER **ACTUAL** SIGNATURE forworded t ASSISTANT MEDICAL EXAMINER Гетомо **EXAMINER'S** / NEPBTY MEDICAL EXAMINER PO NAME (Type) (State) 270 BURIAL, CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) ö REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) DATE 5M 9/55



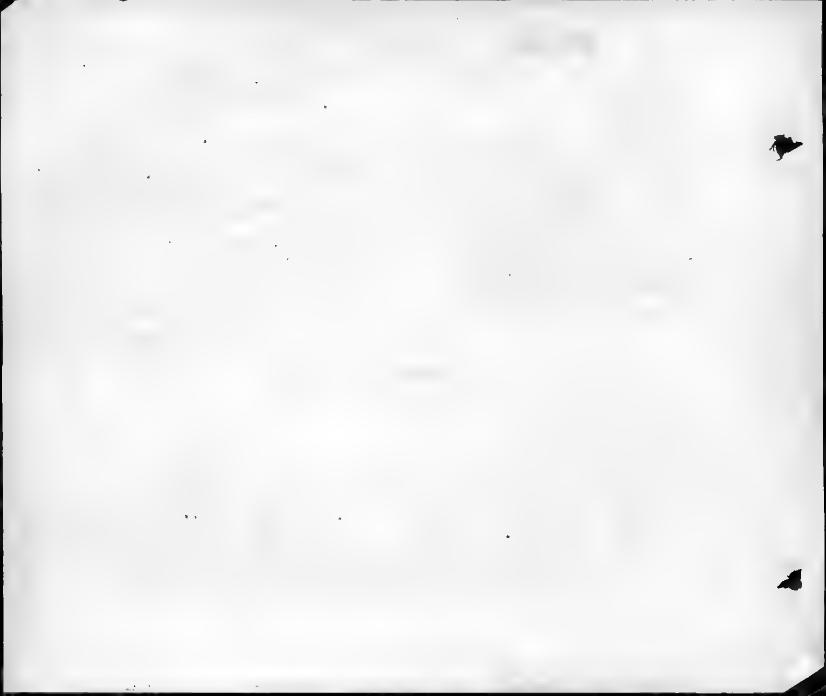
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\$ 2 ° ° °	1064! MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10582
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Pier B	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES TO NO
gistrat	3. NAME OF DECEASED (Type or print) Robert alexander Dent Lost 4. TE Month Day Year DEATH Sept 5 1960
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may be	13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. PAY TO THE TOP T
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old be encil in and wi unichth	Conditions, if any, which goverise to immediate couse (a), stating the underlying DUE TO
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AMINE The Medica 3	21. I certify that I taak charge of the remains described above, held an Autapsy P. Inspection , Inquiry , and find that
CTOR: CTOR:	death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined cause .
A To the op.	ACTUAL SIGNATURE STONE (C) CASTELLA TOTAL M.D. CHIEF MEDICAL EXAMINER (C) ASSISTANT MEDICAL EXAMINER (C)
DEPUT to the Tworder remove	EXAMINER'S NAME (Type) 1 A U I C. IN A LTA GC TOPPUTY MEDICAL EXAMINER (D) 220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) (Stote)
5 3 5 5 9	REMOVAL (Specify) Burial 9-7-60 Flower Lane Formest villa Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 87 REGISTRAR'S SIGNATURE
VS. A15ME(■	Myrtle K. Rollins 4339 Hunt Pl., N.E. DATE SEP 7 '60 Cultur 2. Knug



directar filed v funeral -pa odes papers. and g physician remave cark (e attending please þ Bued be . 22 burial-transit physician. ö has been After detached DIRECTOR: FUNERAL r) 9

death

10594 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution, Residence before admission) Prince George MARYLAND Prince George Marvland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) W. Hyattsville RURAL and give nearest tawn) 18 Days Cheverly d NAME OF HOSPITAL (If not in hospitoli give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? George General Hospital 2005 Oglethorpe St., YES NO DO NAME OF Middle 4. DATE Month Day Year DECEASED 1960 Dilger Sept. F DEATH (Type or print) Louis 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX (ast birthdoy) Manths Davs Hours July 26,1881 White Male WIDOWED | DIVORCED | 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)
during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME 17. INFORMANT S ARMED FORCEST/ /6. SOCIAL SECURITY NO CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if only, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES 🔀 NO 🗌 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (State) foctory, street, affice bldg . etc.) O. M. Not while at work at work 21 I certify that (I) (this haspital) attended the deceased from ...Aug. 13 1960 to Supt. Aug. 31 19 60, and that death accurred at 2554 mam the causes and on the date stated above saw the deceased alive an 22b DATE SIGNED, ATTENDING PHYS MED DIRECTOR M.D 22ca PHYSICIAN'S BUR AL, CREMATION, REMOYAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE





after death. Page 4 the funeral director, be filed with

2 shauld b

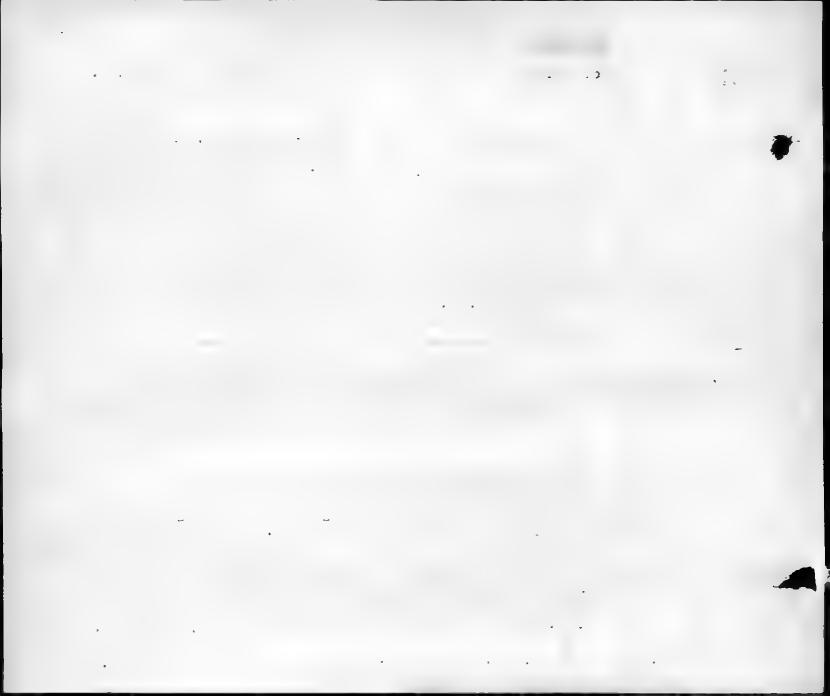
TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the dianth certificate be executed within 24 homeony be returned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached far use as the burial-transit permit. Then please remaive carbon papers. Pages 1 and the Shate Board of Health priar to burial, cremation, or remainal in any event, within 72 hours ofter death.

VR A1S [4] 1SM 9/S9

Prince George	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Washing	ton b. COU	hitutian Residence before Dist. C.	re admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cheverly	5 day 8		utside carparate limits, wr	ite RURAL and give nea	rest lawn)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION. Prince George Hosp	oddress) Oital	6515 Buch	anaan St.,N	•E•	IS RESIDENCE ON A FARMS YES NO M
3 NAME OF BECEASED (Type or print) George	M'ddle W •	Effinger	4. DATE OF DEATH SO	Month De 2	y Year 1960
S SEX 6. COLOR OR RACE 7. MARK Male White WIDOW	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-9-1881	9. AGE (In y lost birthd	eors IF UNDER 1 YEAR ay) yrs. Months Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Ret 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (State Mary land 14. MOTHER'S MAIDEN N	1	12. CITIZEN OF	WHAT COUNTRY?
John Effinger			et Ziegler		
15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, I	NFORMANT	30 Brobror	Address	
{Yes, no, or unknown} (If yes, give wor or dates of service)	77.10.2446 M	argaret. Tir	nms. Lewe	s. Delawa	re
18. CAUSE OF DEATH [Enter only one couse per line with the couse of the couse of the couse (a) and the couse (b) and the couse (a) and the couse (b), stating the under-	ne far (a), (b), and (c)]	atino	Degetja		ERVAL BETWEEN LET AND DEATH
Iying cause lost. (c)	CONTRIBUTING TO DEATH BU THE WINDLESS CRIBE HOW INJURY OCCURRE	rain we	teprof fr	entre.	9. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	VACE OF INJURY (Home, farm octary, street, office bldg., arc.	20f. (City or town)	(County)	(State)
21 I certify that (I) (this haspital) attends as the deceased alive an 9-23.	led the deceased from. 160 , and that	9-19-60 19 death accurred at 2P	, ta9=23= M, fram the cause	60, 19, th s and an the date	at (I) (we) last stated above.
William Dy.			ED STAFF RECTOR PHYS.		SIGNED
NAME (Type) Dr. William Br			ral Avenue		
BYPYAL (APTCIFY) 9.26.1960	Addison. Ch	or crematory apel.Cemete:	· bcap.	Pleasant.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 29b	REGISTRAR'S SIGNATUI	RE
Lee.Funeral Home.300	.4th.st N E.	. Wash. DATE SI	EP 2 7 '60	0-11- 8 30	

D C.



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10586

IS RESIDENCE

YES I NO I

Year

19

WAS AUTOPSY

(Stote)

22b DATE SIGNED

(State)

PERFORMED?

10596PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY p. STATE **b.** COUNTY MARYLAND Prince George Md. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lown) /2 days Silver Spring Cheverly d NAME OF HOSPITAL (If not an hospital, give street address) d STREET ADDRESS or institut on Prince George General 9307 Glennville Rd. NAME OF First Middle 4. DATE Last Month Day (Type or print) DEATH Jane Fee Sent FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years S. SEX 7 MARRIED 19 NEVER MARRIED last birthday) Months Dovs Hours Female White 26 WIDOWED | DIVORCED [7] Y1% 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY [1] **EIRTHPLACE** (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of yearking life, even if retired) 13 FATHER'S NAME MOTHER'S MAIDEN NAME 17 INFORMANI Address IS WAS DECEASED FYER IN U. S ARMED FORCEST 16. SOCIAL SECURITY NO any INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ξ and DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost ъ PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONDITION GWEN IN PART I/ol cremation, YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II at Part III af item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) factory, street, affice bldg , etc.) Hour a.m While Not while of wark at work p. m. 21. I certify that (1) (this hospital) attended the deceased from Helinger, 1960 to Schot Ad., 1962, that (1) (we) ast __19.60 and that death accurred at 10:16 from the causes and an the date stated above saw the deceased alive an 22a. SIGNA/TUR ATTENDING PHYS MED.
DIRECTOR σŧ M.D 220 PHYSICIAN'S NAME (Type) 22d. ADDRESS Dr. John Francis Warren 2015 R Street . N.W. Washington . D.C. 23c MAME OF CEMETERY OR CREMATORY 236. LOCATION (City town, or country) 230. BURIAL CREMATION REMOVAL (Specify) D DATE THEREOF FUNERAL DIRECTOR'S S GNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATORE DATESEP 26 & allus

altending piedse the þ permit. has been signed ar attending physician. burial-transit After this certificate DIRECTOR: þ å 3 should FUNERAL poge 3 sh the State I 9

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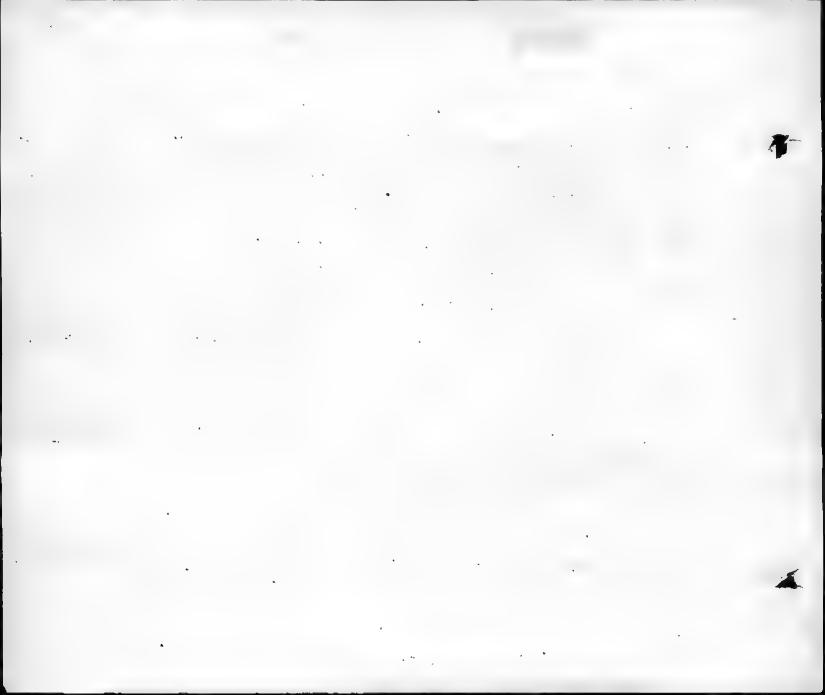
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

puo physician

> attending gned calle



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

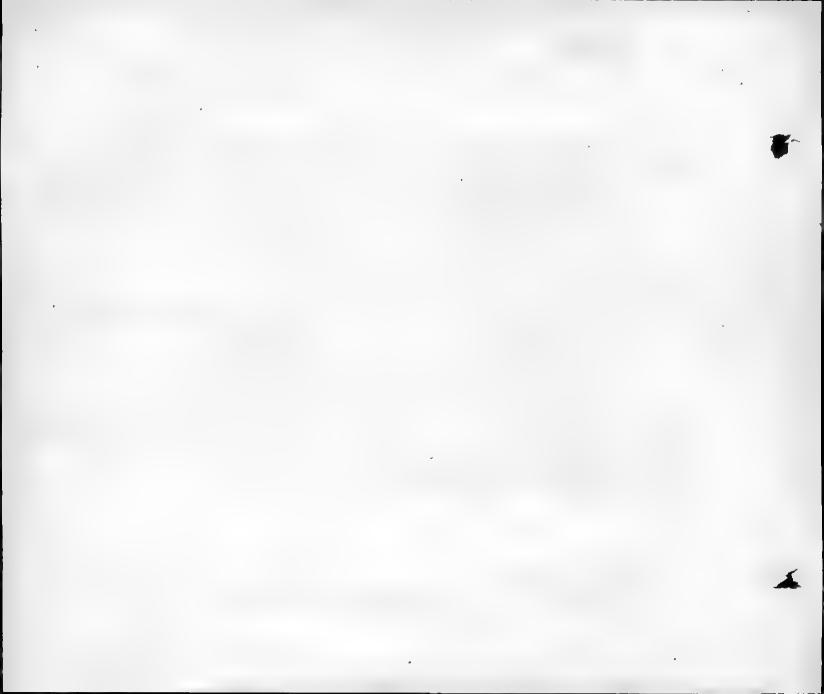
		10638 CERTIFICATE OF DEATH	10588
\	1 F	PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUN	before admission)
)		b CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give street address) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give RURAL and give street address) C. CITY OR TOWN (If autside corporate limits, write RURAL and give RURAL and give street address) C. CITY OR TOWN (If autside corporate limits, write RURAL and give RURAL and give street address) C. CITY OR TOWN (If autside corporate limits, write RURAL and give	e. IS RESIDENCE
5	ı '	Le land Memorial Hospital Navahue St.	ON A FARM? YES NO
	3 8	NAME OF DECEASED (Type or print) ABLES Middle Lost 4. DATE OF DEATH 9-19-	Day Year
	5 5	MARKIED I HEAR WARRIED	YEAR IF UNDER 24 HRS Days Hours Min
		Houseverte At Homes Vivetnia	EN OF WHAT COUNTRY?
	13.	FATHER'S NAME All y Son Walls 14. MOTHER'S MAIDENGRAME West	
		WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT In you, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 16. Spite Record Record	lbenta Breek
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
		15/X DUE TO Conditions, if any, which) (b)	
		gove rise to immediate cause (a) stating the under lying cause last Out To (c)	
0	CERT FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED About the Notwhite p. m. 19 at wark at wark 19 at war	ounty) (State)
			≥, that (I) (we) last
		saw the deceased alive an 15 19 6 4 and that death accurred at 5AM, from the causes and on the 200 SIGNATURE MD ATTENDING MED. OF THE PHYS DIRECTOR DIRECTOR PHYS DIRECTOR	22b. DATE SIGNED
1		22c PHYSICIAN S. NAME (Type) The chare Zegaria, M. D. 22d ADDRESS	
2	23 q	BLRIAY CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d ESCATION (City Town or CORNEY) REMOVAL (Specify) 9-23-60 Not Harmon Park Shereft Red En	t ma
To the same of the	24 }	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	



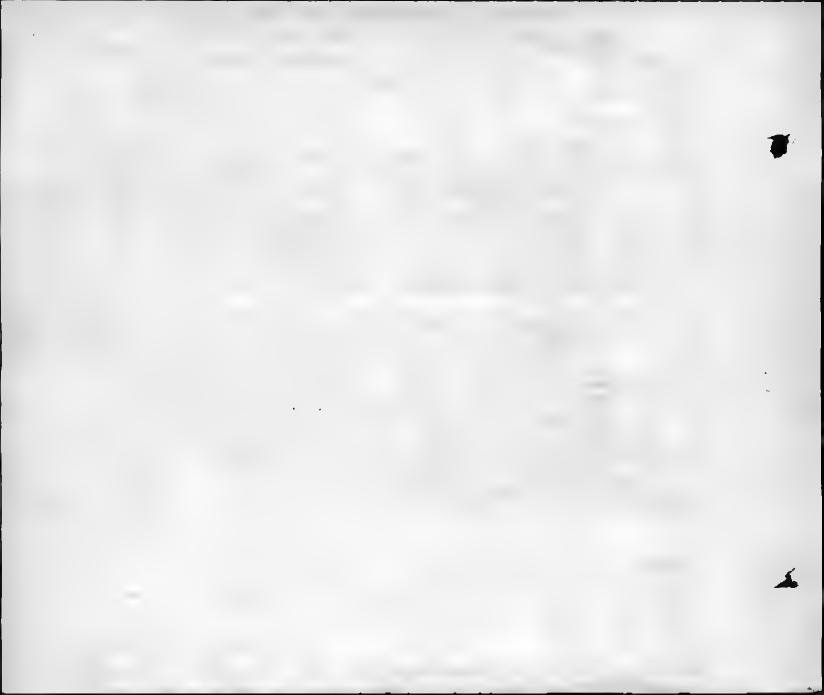
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	10631		CERTIF	ICA	TE OF DEATH				1030
	PLACE OF DEATH				2 USUAL RESIDENCE (Who, STATE		If institution Resider b. COUNTY Prin	ke before	odmission)
L	rince Georg	ce's	MARI	LAND	o. Siele Maryl	and	TITE	ice i	eorge s
	b CITY OR TOWN (If outside carporate time RURAL and give nearest town) Edmonston Md	ts, write	g years	IN 15	e CITY OR TOWN (IF a	nuside corporate to nston Md		give neare	st town)
	d NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 5114 Crittenden S		· ·		d STREET ADDRESS 5114 Cr:	ittenden	Street		IS RESIDENCE ON A FARM? YES NO E
1	NAME OF Find DECEASED (Type or print) Richard		мюне Benjaлin		Fowler	4. DATE OF DEATH	Month September	25	Yeor 19 60
S. :	male white	7. MARI	HED NEVER MARRI	- 1	8 DATE OF BIRTH Nov 28, 1868	las	GE (In years IF JNDER t birthday) Manths Yes		UNDER 24 HRS Haurs Min.
100	USUAL OCCUPATION (Give kind of work during most of working life, even if retired etired) _	kind of Business C Baker	OR INDU:	Arkansas	or fareign country) ⁽ 12.CIT	IZEN OF W	VHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME			
	Alvin Perry F.	വധി മാ			Sarah G	ibbe			
15.	WAS DECEASED EVER IN U. S. ARMED FOR			117 19	VFORMANT	TDDS	Address		
(Ye	s, no, or unknown) (If yes, give war or dates of s		occine deconiii i iid		eulah Lee For	wlen F		101	com all
	no	-	none		sulan bee - or	ATGI. W	dmonston 1		
	18 CAUSE OF DEATH [Enter only one co		ne far (a), (b), and (c)	1_{a^*}	171	1 .		IONSE	VAL BETWEEN
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	A	terios	-le	S Informatic &	kart	Disease		
CATION	PART II. OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE COM	IDITION GIVEN IN PAR		WAS AUTOPSY PERFORMED? (ES NO NO
1 CERTIF	200 ACCIDENT WAS UNDERLYING OF ONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY C	CCURRE	D. (Enter noture of injury in	Port I ar Part II of	item 18 }		_
MEDICAL	20c TIME OF INJURY Manth, Day, Ye Hour o.m. p.m. 19	While	Not while k at work	20e. PL fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., atc	, 20f. (City or to	wn) ((Caunty)	(State
	21 1 certify that (I) (this hospits saw the deceased alive on				leath accurred at				
	5. Kolnse	رو			M.D. ATTENDING MA		ACC	t 25,	226 DATE SIGNEI 1960
	22c PHYS:CIAN'S NAME (Type) B Rosen	berg			22d. ADDRESS /2/0 C/	hillen	n mar	ror	KI.
	Burial, Cremation, 23b Date thereogeneous, (Spec by) Burial Sept 27		23c NAME OF CEM	_			(City, town, or county) Manor, Md.		(State)
-	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	W m. I.I.	NO.	D_BY_REGISTRAR	256 REGISTRAR'S SI		
	F. Gasch's Sons Hy	atts	ville, Md.		DATE	EP 2 8 '60	arthur &	Frank	1



1 ~	Them 18 - MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8.8 s	10592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist. No. 10590
Fage 4 should be burial cremation	1. PLACE OF DEATH. a. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where doceased lived. If institution; Residence before admission) b. COUNTY C. STATE D. COUNTY D. C
ii -	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Thus the company of the control of th
37	d. NAME OF HOSPITAL OR/INSTITUTION TIS not in hospital, give street address) Churce Lev Leve 283 ree dr 9. IS RES DENCE ON A FARM? YES NO NO NO NO NO NO NO N
ny del nneral your ggistra	3 NAME OF DECEASED (Type or print) CHESTER ALBERT FYANCES DEATH Selot 29 1960
The for	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH WIDOWED DIVORCED Feb 11 1960 9. AGE (In yours feat berinday) WIDOWED DIVORCED Feb 11 1960 9. AGE (In yours feat berinday) WIDOWED DIVORCED Feb 11 1960 9. AGE (In yours feat berinday) WIDOWED DIVORCED Feb 11 1960 9. AGE (In yours feat berinday) WIDOWED DIVORCED Feb 11 1960 9. AGE (In yours feat berinday)
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rs afte 1, 2, a nay be s 1 and	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME 16. MOTHER'S MAIDEN NAME
24 hou Pages age 5 r	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1711 Address Address Address D.
Gillin Gillin	MAFYANCIS FOURTHIS MICH
uted v m 18. srm PA permi	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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ding" in ding sed ox	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
his cerl	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) Subject fell from crib into a diaper pail which held water.
NER: The word icol Exal Exal	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 720e. PLACE OF INJURY (Home, farm, 10f., City or town) (County) (Slote) White Not white of work of
Med Med Page	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry , and find that
CALE)	deoth resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined couse
MEDIA From the contract of the	ACTUAL SIGNATURE CONTON ON ON ONE SIGNED ASSISTANT MEDICAL EXAMINER []
the divined NERA	EXAMINER'S D'AYTONO WATIEINS DEPUTY MEDICAL EXAMINER 9-29-60
50 50 50 50 50 50 50 50 50 50 50 50 50 5	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Oct 4-60 Sunset Memorial Conetan Montlevileo Minnest
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
3M 9/35 0	9 VVVV VVXVV



Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY 1 o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RUBAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sized address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES 🗍 NO 🎮 NAME OF First Middle DATE Yeor DECEASED (Type or print) DEATH 19 5. SEX 9. AGE (In years 2 IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Months WIDOWED [100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during must of working life, even if retyed) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S 15. WAS DECEASED EVER IN U. S' ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying cours lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ő PERFORMED? NO D CERTIFI 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Port () of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Not while 0.00 at work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection De. Inquiry 1507, and find that to the Chief . DIRECTOR: death resulted from: Natural causes Suicide . Accident | I. Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER 54 NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DASEP 2 3 '60 Chillian S. Frank SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A C MEDICAL EXAMINER'S CERTIFICATE OF DEATH



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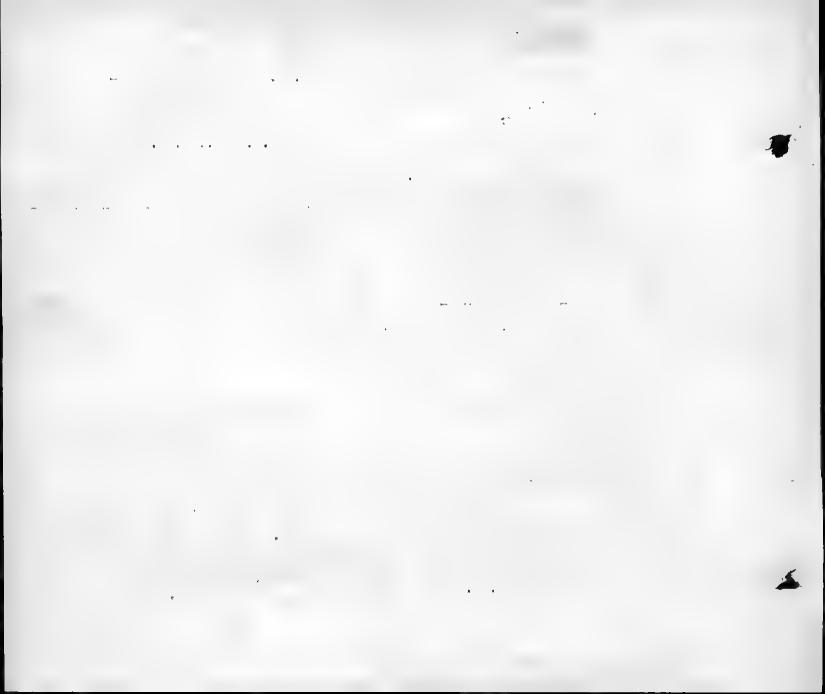
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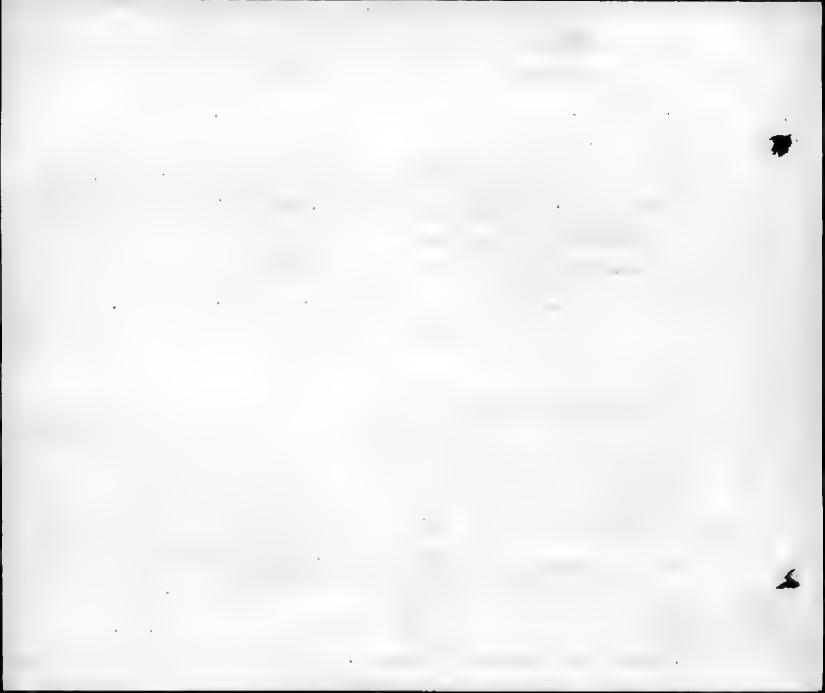
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0570	CERTIFICATE OF	DEATH

Reg. Dist. No. 1 (1593

1.	PLACE OF DEATH o COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. $f d$			e admission) George †s		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate lim	nits, write RURA	L and give nea	rest town)		
_	Hyattsville, Md	23 years	Hyattsvi	lle Md.	4.				
	d. NAME OF HOSPITAL (If not in hospitol, give street add OR INSTITUTION	iress)	d STREET ADDRESS	, D			ON A FARM?		
	4300 Queensbury Road		4300 Quee	nspury R	oad	<u> </u>	YES NO K		
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Do			
_	(Type or print) Ethel	Babette	Greaves		Septemb				
5.	female 6. COLOR OR RACE 7 MARRIED White WIDOWED	DIVORCED [8 DATE OF BIRTH May 10, 188	5 75°		onths Days	Haurs Min		
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIN during mast of warking life, even if retired)	ID OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?		
1	Housewife ow	n home	Ohio			USA			
13	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
1	John Woellner		Unkn	own awo.					
15	WAS DECEASED EVER IN U S. ARMED FORCES? 16 500	CIAL SECURITY NO.	NFORMANT		Address				
[7	es, no, or unknown) (If yes, give war or dates of service)	No	rma Greaves	Hyatts	sville,	Md.			
	18 CAUSE OF DEATH [Enter only one couse per line f	or (o), (b), and (c).]	D carpagnina			INTE	RVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) - SACROMA M								
	DUE TO								
	Conditions, if any, which) (b)								
	gove rise to immediate (
	cause (a), stating the <u>under:</u> lying couse last. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY								
CATI		•					PERFORMED?		
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		IRY OCCURRED 20e. PL	ACE OF INJURY (Home form	n. 20f (City or tow	/n}	(County)	(Stote)		
MEDICAL	Hour a.m. While at work	Not while fo	ctory, street, office bldg., etc						
1			201 17 . 2	117. 15	- 1d. 11/4				
	21. I certify that I attended the deceased office on 19/17		170212, 1876				the deceased		
	olive on 19	2, and that death	occurred arger (M, from the c	byses ond c	in the date	DATE SIGNED		
	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. HAND M.D. HAND 9/16/60								
	PHYSICIAN'S Leonard Hays		ξ Hy.	attsville	Md.	Same to the same			
22	BURIAL, CREMATION, 22b. DATE THEREOF	2c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (Sity, town, or co	ounty)	(Stote)		
	Burial 9/17/60	Ft Lincoln (Cemetery	Colmar	Manor,	Md.			
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR		R'S SIGNATUR			
	F. Gasch's Sons Hyattsv.	ille, Maryla	and. DATE	SEP 1 9 '60	Class	Lun S. Fora	A.A.		



DIRECTO FUNERAL 0

90

220 SIGNATURE

22¢ PHYSICIAN'S

NAME (Type)

Ronald

Page the Sk VR A1S (4)

5432 Queen's Chapel Dros S. Fleischer BURIAL, CREMATION NAME OF COMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) A 25h REGISTRAR'S SIGNATURE 25a. REC D BY REGISTRAR Cirilian S. Kraus

ATTENDING

22d. ADDRESS

PHYS. M D

IS RESIDENCE ON A FARM? YES NO .

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Poland

INTERVAL BETWEEN ONSET AND DEATH

2 days

YESTICK NO []

(Stote)

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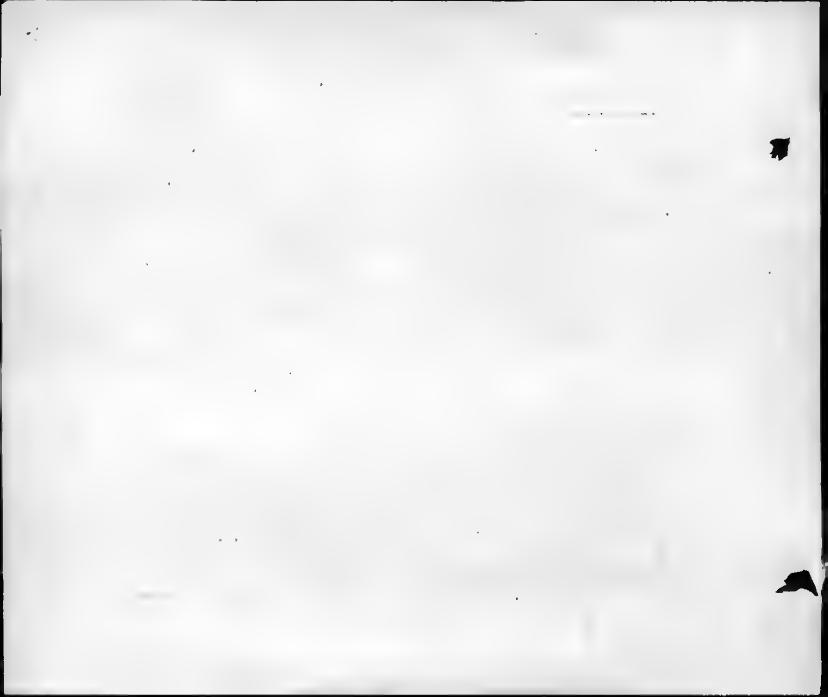
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1960, that (1) (we) last

(County)

STAFF

MED.
DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10600

CERTIFICATE OF DEATH

10596

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY n. STATE Prince COUNTY E MARYLAND Prince George Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Carmody Hills 3 Hr Cheverly a f d. NAME OF HOSP TAL (If not in hospital, give street oddress)
PPTIMOBULGBORGE GENERAL HOSPITAL d. STREET ADDRESS . IS RESIDENCE ON A FARM 507 72nd Place YES NO 1 NAME OF Middle 4. DATE Month Day Year Dorothy Hansbrough 18 DEATH (Type or print) Sept. 19 60 5. SEX Female 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Jan. 1 DIVORCED [7] WIDOWED [19a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) USA Washington D C Housewife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Helen Forest Guy Lambden 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Clarence R Hansbrough Carmody Hills Md. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Anoxia IMMEDIATE CAUSE (a DUE TO Status Asthematicus gave rise to immediate DUE TO cause (a), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 17 NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f, (City or town) (Stote) Doy, Year (County) factory, street, office bldg , etc. Hour o.m. Not while at work of work 1557, to Sept. 18, 19 60, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. Aug. saw the deceased alive an State 17 19 60 and that death accurred at 1.2 10 Mg. the causes and an the date stated above. 220. SIGNATURE MED DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRES & 124 Central Ave., NAME (Type) Dr. Peter Duus, M.D. Capitol Haoghts, Md. 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or county) BURIAL CREMATION. RSMOXAL (Specify)
ArTTH, ton 9/22/60
24, FUNERAL DIRECTOR'S SIGNATURE Arlington Cemetery Arlington Va. 25h, REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. DATE SEP 2 6 '60 C 11 9 8 5

director, ofter death. Page Ē erol 8

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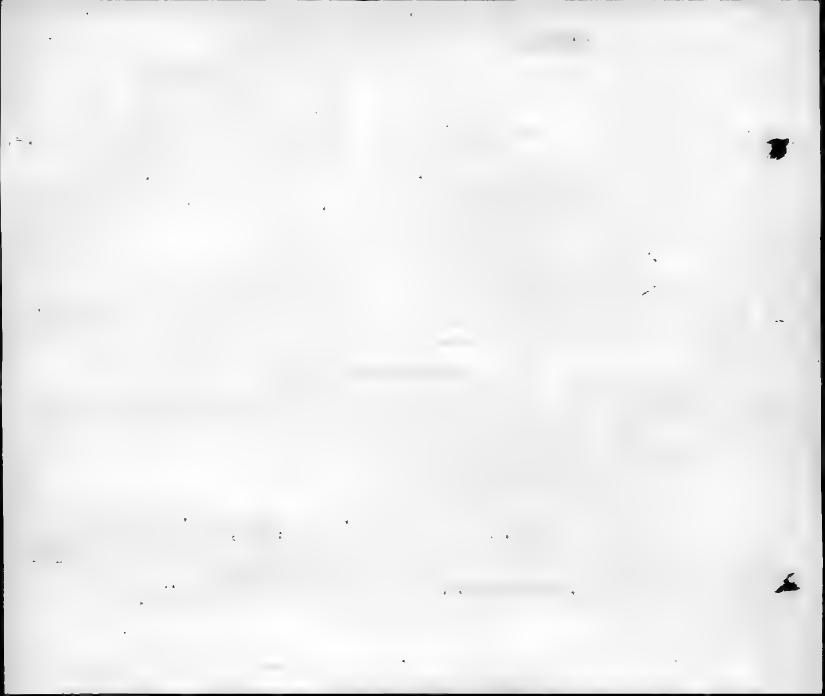
ottending á igned b removal, hos been si **buriol-tronsit** cremotion, certificate this Affer DIRECTOR: þe Boord 3 should FUNERA

ATTENDING PHYSICIAN: The tow requires that the death certificate

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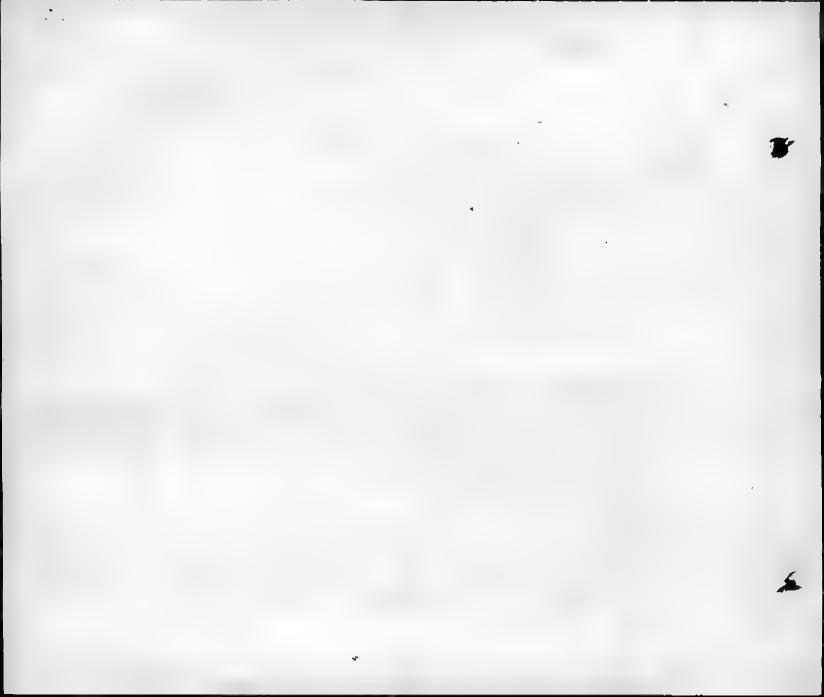
		DIVISION OF
b.		10640
M	1. [PLACE OF DEATH LOUNTY LINE GE
		c. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) Kille dale (1)
	<u>}-</u>	OR INSTITUTION
	1	NAME OF First DECEASED Type or print) HAY (1)
	5 9	tornale. 10 WIDOW
	10a	USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)
	13.	FATHER'S NAME
		WAS DECEASED EVER IN U. S. ARMS FORCES? 16.
		18. CAUSE OF DEATH [Enter only one couse per I
		. PART ! DEATH WAS CAUSED BY
		IMMEDIATE CAUSE (6)
		Canditions, if ony, which)
		gove rise to immediate cause (a), stating the under-
		lying cause last.
^	ATION	PART II. OTHER SIGNIFICANT CONDITIONS
1]	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	OICAI	20c TIME OF INJURY Manth, Day, Year 20d Hour a.m White
	ME	p. m. 19 of wo
		21 I certify that (I) (this hospital) atten
		saw the deceased alive an 1-11
		220 SIGNATURE A. WILL
		22c PHYSICIAN'S NAME (Type) (h as H)
	23o	
	1	EMOVAL (Specify) 9-9-1960
	24	FUNERAL DIRECTOR 5 SIGNATURE

10 HOSPITA CR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Page 4 may be replaced by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled that the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, with 72 hours after death.

VR A15 (4) 15M 9/59

PLACE OF DEATH D. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceding a STATE	The BUILD COUNTY	e before admission)
Time or		LENT UCKY	MIGCRACKEN	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) KIVI'r da /e /// c.	e. LENGTH OF STAY IN 16	2.104-MONRO	porate limits, write RURAL and g	ive negrest town)
d NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION,		d STREET ADDRESS	- T	IS RESIDENCE
ugene Lelà od Albanoria,	1 1404	PHDUGAH.	2 4 37 E	YES NO Z
NAME OF DECEASED (Type or print) Farth 11)	Middle .	Lost 4. DATE OF DEAT		Day 1997
	RRIED NEVER MARRIED D	8. DATE OF BIRTH / 18 5 4		TYEAR IF UNDER 24 HRS Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or foreign	Cario Co.	REN OF WHAT COUNTRY?
3. FATHER'S NAME	2m	14. MOTHER'S MAIDEN NAME	in alette	Miceens
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (1985, no. or unknown) (19 yes, give war or dataset service)	6. SOCIAL SECURITY NO 17. II	Kerry Office	4408 Onleans	ung Red.
18. CAUSE OF DEATH [Enter only one couse per PART : DEATH WAS CAUSED BY MAMEDIATE CAUSE (o)	line for (a), (b), and (c))	halpen		INTERVAL BETWEEN ONSET AND DEATH
Canditrans, if ony, which) (b)	Egulow h	east failure		while to
gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	Enry al	hun chemi		27
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D.SE.	ASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	ort II of item 18)	
20c TIME OF INJURY Manth, Day, Year 20d White Mour a, m p, m, 19	te Not while fa	ACE OF INJURY (Home, farm, ctary, street, affice bldg , etc.)	ity or town) (C	ounty) (State)
21 I certify that (I) (this hospital) atters saw the deceased alive an 7-7		1990 to death occurred at 45 M, from		O, that (I) (we) last
22c SIGNATURE CAN. N. I	P	ATTENDING MED.	STAFF	22b DATE SIGNED
22c PHYSICIAN'S NAME (Type) Chas H	WOL. HON	22d. ADDRESS 5 67 Made	word Sim	11/2
230 BURIAL, CREMATION, 276 DATE THEREOF BEMOVA. (Specify) 9-9-1960	23c NAME OF CEMETERY C	R CREMATORY 23d 100	ATION (City low, or county)	(State)
FUNERAL DIRECTOR S SIGNATURE	ADDRESS	250: REC'D BY REG	STRAR 256 REGISTRARS SIG	Thana Thana



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10598

	10653 CERTIFICATE OF DEATH						
١	1 PLACE OF DEATH a COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE FOR BEORGES MARYLAND TRINCE GEORGES						
/	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) EADOR SPRING SHIMM) AND REVS AIR FORCE BASE						
		IS RESIDENCE ON A FARM? YES NO					
	1. NAME OF First Middle Lost 4. DATE Month Day (Type or print) JOHN L. HARTLEY DEATH SEPT 4	Year 19 6 0					
	5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE CAV WIDOWED DIVORCED 12 NOV 11 9. AGE (In yeors 15 UNDER 1 YEAR 1 yes.) Manths Days Manths Days	Hours Min					
1	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) A 1 R A N USA F TENMA USA						
	JOHN ROLAND HARTLEY SUSAN HARTLEY						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT YEL 5 (If yes, give wor or dates of service) 205-07-2890						
		RYAL BETWEEN IT AND DEATH BR.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m. White Not white of work at	(State					
1	21 I certify that (1) this haspital) attended the deceased fram 0415 4597, 1960, to 0.425 4510 1960, the saw the deceased alive an 4570 1960, and that death occurred at 450 AM, from the causes and an the date 220 SIGNATURE ATTENDING MED. STAFF PHYS CLAN'S 220. PHYSICIAN'S 221. ADDRESS						
	EDWIN & WESTURA CAPT USAF (MC) USAF HOSPITAL ANDREWS AF						
	23d BURTA. CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, OCATION (City, lawn, or county) HELINGTON NATIONAL HELINGTON VA.	(State)					
	24 TUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS, 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 7 '60 Orithmy & the						

TO HOSPITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havis, after death. Page 4 may be rest, ed by the haspital or attending physician.

TO IUNERAL HIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol transit perm t. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 22 hours after death

VR A15 (4) 15M 9/59



DATE

VR A15 (4) 15M 9/59

after death. Page

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

DATE SEP 1 9 '60

CEDTICIC ATE OF DEATH

ofter death. Page 4

27 the funeral director, d 2 shauld be filed with

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may be refunded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certif cate has been signed by the attending physician and campletely filted it page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITA

VR A15 (4) 15M 9/59

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22b DATE SIGNED -

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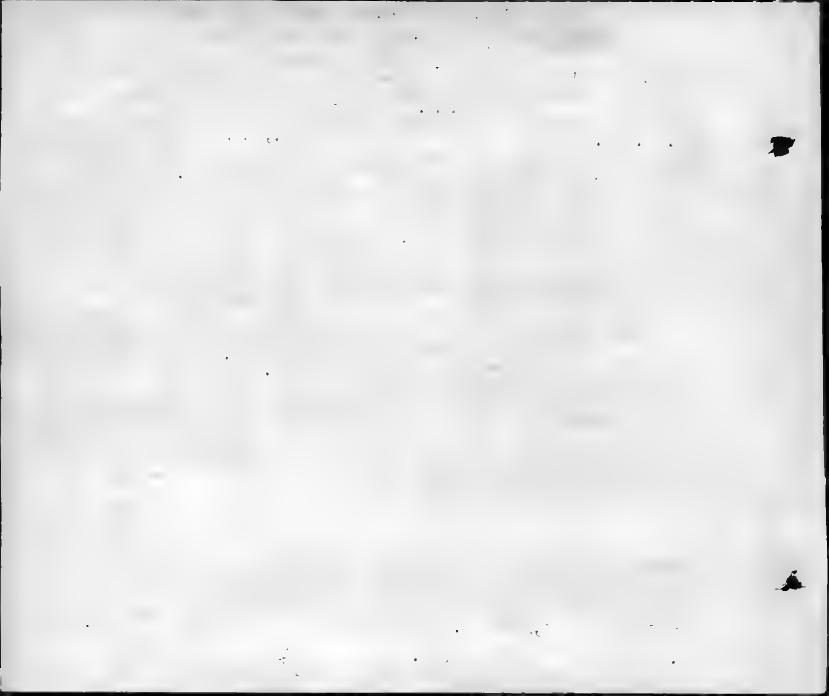
ΛL		CERTIFICA	IL OI BLAIN						
	Prince George	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland	Prince Geo		before admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C10V0YLY	5 Days	E CITY OR TOWN (IF of Hyattsvil	utside carparate limits, write R Le	LirRAL ond give	nearest lown)			
	d. NAME OF HOSPITAL (If not in hospital give street OR INSTITUTION Prince George General Ho		d street address 6850 Freepo	rt St.	7	e IS RESIDENCE ON A FARM? YES NO			
Ī	3. NAME OF PURST P	Middle	Hildebrand	4. DATE Mor OF SE	pt. 13	3 Yeor 60			
	s sex 6. COLOR OR RACE 7 MARI		B. DATE OF BIRTH 12-17-86	9 AGE (In years last lairthdoy) yrs.	Months Do	EAR IF UNDER 24 HRS bys Hours Min			
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most atworking life, even if retired)	KIND OF BUSINESS OR INDUS	Va.	or foreign country)	12. CITIZEN	N OF WHAT COUNTRY?			
1	John L. Wilson		Mary L. E						
1	(Yes, no, or unknown)	one Ma		rson-6850 F		rt St			
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hyattsville, Md. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO								
	couse (a), stoting the under-	<u>rteriosclerosis</u> Diabesis Mellet							
	PART II OTHER SIGNIFICANT CONDITIONS			nal disease condit on gi	VEN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED? YES Z NO			
	206. ACCIDENT WAS UNDERLYING 206 DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	CENTER HOLDER OF INJURY IN F	for For Port (Fof Item 18.)					
	20c TIME OF INJURY Month, Doy, Year 20d I Hour a.m While p m. 19	Not while foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(Cou	inty) (Stafe)			
	21. I certify that (I) (this hospital) attends sow the deceased alive on Sept. 1	ded the deceosed from. 3 19 60, and that d		60 Sept. 13		that (I) (we) last			
	200 SMATURE SCOLL FOR H	e, a	ATTENDING ME	D STAFF PHYS P		22b DATE 9-13-6			
	22c PHYS CIAN'S Bonald S. Fleis	chan M.D.	VY32 UVE	2 Queens Chap ENS (MM)	el Ro	Hyattsvill			
	230 BURIAL CREATION 236 DATE THEREOF PEMOVAL (Specie) 9/17/60	23c NAME OF CEMETERY OF CEDET Hill	r crematory Cem.	23d LOCATION (City, fown, Suitland, 112	* * *	(State)			
	FUNÉRAL DIRECTOR'S SIGNATURE	ADDRESS:	11/2		STRAR'S SIGN				



ē,	1065 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Rog. Dist. No. 10602
To the state of th	I. PLACE OF DEATH O_COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) oSTATE England b. COUNTY Lancashire
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recreat form) Clinten C. LENGTH OF STAY IN 1b D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blackpool (
011	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) So. Md. Med. Center	d STREET ADDRESS ON S.
	3. NAME OF PECEASED (Type or print) CHRISTOPHER HIN	DLE Loss 4 DATE Month Doy Year 60
£	5. SEX NATE NOTICE OF RACE AMARRIED NEVER MARRIED DIVORCED DIVORCED	7 March 1891 9. AGE (in years IFUNDER 1YEAR IF UNDER 24 HRS. yrs. Months Days Hours Min.
2 1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard British R.R.	(RY 11. BIRTHPLACE (Stote or foreign country) England 12. CITIZEN OF WHAT COUNTRY? England
- /	William Hindle	14. MOTHER'S MAIDEN NAME MATTINE
og e	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III No. 178 unknown) (If yes, give war or dates of service) NO.20	innie Hindle (Wife) Same as # 2
rial-fransit permit.	Conditions, if ony, which gove rise to immediate course Conditions, if ony, which gove rise to immediate course Corronary Arterios	ll of left auricle. Left auricle. 1 week
5 5	COURSE ISSUE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	
		inter nature of injury in Port I or Port II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA Hour a. m. Pm 19 of work of work of work	CE OF INJURY (Home, form, 201. (City or town) (County) (Stote) ory, street, office bldg., etc.)
OR: Page		
A NAME OF MOSPITAL OR INSTITUTION (If not an hospital, give street address) So. Md. Med. Center 13 High St., N.S.	_M.D. ———————————————————————————————————	
remova	NAME (Type) VAYTON UNSTICIN	S DEPUTY MEDICAL EXAMINER ST. 9-30-60
0 5	Buriai (Specify) # Oct 3,1960 Ft. Idncoln C	emetery Colmar Manor Md.
E(5)		OCT 4 '60 0 1 0 4

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE, 18

VS. 5M 9/55 INTERVAL BETWEEN ONSET AND DEATH ON Minutes





3 yrs, 2 mo.

Cothun S. House

QCT 5.

IVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	2001	47	Chiciii	N. C.							
o COUNTY Pri	nce George	S	MARYL		USUAL RESIDENCE • STATE	Where deced		If institution	. Residence	before odn	nission)
RURAL and give n Glenn Dal	e (rural)		and To da	mont ys	hs ,		porote lim Lngto:		RAL ond give	nearest to	own)
OR INSTITUTION	TAL (If not in hospital	giva street c	oddress)		d. STREET ADDRES			- 7 7	CT N	4O	RESIDENCE A FARM?
Glenn Dal	<u>e Hospital</u>		<u> </u>			112	POHRT	ellow	DUEST	M) iea	
3. NAME OF DECEASED (Type or print)		nt Lucy	Middle I.		Holden	4 DATI OF DEAT		Manth 9		Day 30	Yeor 19 60
S. ŞEX	6. COLOR OR RACE		ED MEVER MARRIE	8 0	ATE OF BIRTH		9 AGE	(In years		EAR IF JI	NDER 24 HRS
Female	Negro	WIDOWE			10/27/26		lost	birthdoy) 33 yrs	Months De	oys Hou	Min.
10a USUAL OCCUPATE during most of wor	ON (Give kind of work king life, even if retired	done 10b. I	KIND OF BUSINESS OF	INDUSTRY		State or foreign	country)		12. CITIZE		T COUNTRY
<u>Housewife</u>					Va•					USA	
13 FATHER'S NAME				1	4 MOTHER'S MAID	EN NAME					
Walter Pet		RCES? 16. 5	SOCIAL SECURITY NO.	17 INFO		ter Lee	3	Addre	55		·
Unknown	(If yes, give wor or dates of	service)	(lost) Unknown		Decedent	1					
18. CAUSE OF DE	ATH {Enter only one o	ouse per lin	e for (o), (b), and (c)]								BETWEEN
PART 1. DE/	ATH WAS CAUSED BY:	a) 1	Massive Pul	monar	v Hemorrh	nage				5 a	nd death
002	002-X DUE TO										
Conditions, if a	and and take A	n Pul	Bonary Tube	erculo	sis. Far	Advanc	ed			3 уг	8, 2 1
gave rise to i	mmediate (Dis T										
couse (o), stoting lying couse lost	the under-	c)									
PART II. OT	HER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE COND	ITION GIVE	N IN PART 1	(o) 19 W/	AS AUTOPSY
PART II. OT											☐ NO 🔼
20d ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RISE HOW INJURY OF	CURRED. (I	inter noture of injur	y in Port I ar I	ort It of it	em 18.)			
20c TIME OF INJUI	RY Month, Doy, Ye	While	JURY OCCURRED Not while of work		OF INJURY (Home, street, office bldg.		lity or tow	n)	(Co	inty)	(Stote
21 Leastificath	at (I) (this haspita	I) attend	ad the decement	sum li	/16	195 <u>8</u> , to	. 9/	30	1960	that (I) fund lar
saw the decea	* * * * * * * * * * * * * * * * * * * *	9/30/			th accurred af						
220 SIGNATURE	Uppla	M			ATTENDING PHYS	MED.	EI STAI	FF C			225 DATE SIGNED
22¢ PHYSICIAN'S	VII (V	" UML		M D	22d, ADDRESS	DIRECTOR		s.∐ Dale H	locoi t	2	7 30/00
NAME (Type)	Moe W	eiss,	M. D.		THE ROOKESS		_	Dale,	-	E(.1. ,	
230 BURIAL CREMAT O	ON 236 DATE THERE	OF .	23c NAME OF CEME	TERY OR C	REMATORY	23d LO	CATION (C	lify, town, or	county)		ifote)
REMOVAD Specify		1966	}			WES	tono	RELA	w is Co	uwt.	VA
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	11	25a.	REC'D BY REG	ISTRAR	2Sb REGIST	RAR'S SIGN	IATURE	,
Navi	5- m. 1	Nel	don ale	Lhar	N VQ DATE	act.	1.1960				

after death. Page 4 in 2 the funeral director, and 2 should be filed with PE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, and by the hospital or attending physician. physician and completely filled in Pages 1 ours ofter death. papers ZZ min Then please remaye and in any event, wj may be refured by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please the State Soard of Health prior to burial, cremation, ar remaval, and in any every TO HOSPITAL

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after death, Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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DIRECTOR:

TO FUNERAL

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attending physician.

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Pages 1





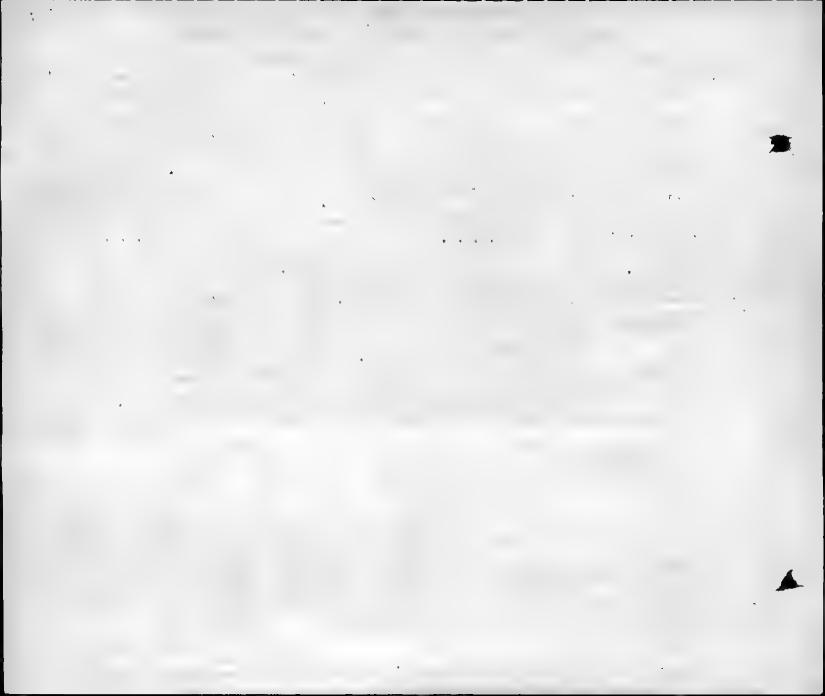
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10634 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10606 Reg. Dist. No.

)	1.	AACE OF DEATH COUNTY Prince Leorge's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) **Maryland** b. COUNTY Prince George!* s							
:		c. LENGTH OF STAY IN 1b and give nearest town) aurel Md c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) Beltsville							
į		l. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) aurel Aid Shopping Center	d, street address 121,15 Gun Powder Road "is residence on a farme yes No c							
		type or farm)	NSON Lost 4. DATE Sept 22 Year 60							
		Male White WIDOWED DIVORCED	DATE OF SIRTH 29 Jan 1894 P AGE (In years Of Burthdoy) Wanths Days Hours Min.							
	ા‰ રેe	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBLE TO BUSINESS OR INDUSTRIB	11. BIRTHPLACE (State or foreign country) Maine 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
\		father's NAME lbert A. Johnson	14. MOTHER'S MAIDEN NAME Margaret E. Conley							
/	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18 Sunknown) 18 yes [M] or dotter of services 311056891 Nik	na A. Johnson Same as # 2 (Wife)							
		Marson I When and an	s secondary to embolization from Minutes							
		Conditions, if ony, which of Mural Thrombus and	old Myocardial Infarction Weeks							
		(o), stoting the underlying DUE TO Coronary Occlusion, left anterior descending, old. Weeks								
, ,	CERTIFICATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1. NO							
		20g. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.	nter noture of injury in Part Lar Part II of item 18.)							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLAC While Not while of work of work	E OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ry, street, affice bldg., etc.)							
		23. I certify that I taak charge of the remains described above death resulted fram: Natural causes . Accident . Suice								
-		SIGNATURE Danfor Owalthin	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED							
		EXAMINER'S DAYTONO WATKINS	assistant medical examiner 9 - 22/ 1960 DEPUTY MEDICAL EXAMINERS							
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR 3 Period Arlington National Nati								
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hvattsville, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP 2 7 '60 Culling S. Knows							

Vs. A15ME(5) 5M 9/55



22c. NAME OF CEMETERY OF CREMATORY

ASSISTANT MEDICAL EXAMINER

24o. REC'D BY REGISTRAR

22d LOCATION (City, town, or county)

24b. MEGISTRAR'S SIGNATURE

Lung S. France

(State)

DEPUTY MEDICAL EXAMINER TO

DATE

VS. A15ME(5) 5M 9/55

O

EXAMINER'S

NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

mena



ADDRES

Maryland

Hyattsville

24b. REGISTRAR'S SIGNATURE

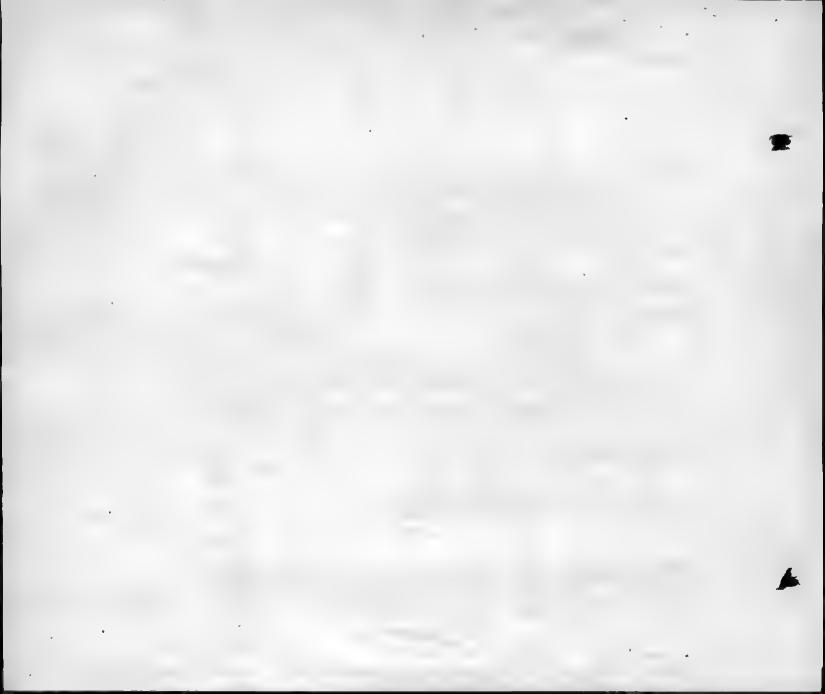
within & Krous

24g, REC'D BY REGISTRAR

DATE

VS. A15ME(5) 5M 9/55

FUNERAL DIRECTOR'S SIGNATURE GASCH & SONS



4 3 20 45

. . .

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. should PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND buriat, b. CITY OR TOWN of publide comprehens c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO RO NAME OF First DATE Month Year OF DEATH (Type or print) 196 9. AGE (In years lost berthday) 5. SEX 7. MARRIED NEVER MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? O 3. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME 17. INFORMANT Give 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). NTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO FAILURE Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS ö PERFORMED? NO IS 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy 🗍, Inspection X Inquiry N. and find that ote, w. Chief DIRECTOR: 1 death resulted from: Natural causes | Accident | Suicide | Hamicide | Undetermined cause | DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** NAME (Type) farword DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b DATE THEREO! 22d EOCATION (City, fown, or REMOVAL (Specify) 0 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAPURE VS. A15ME(5) SEP 1 9 '60 DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



o. STATE

Md.

d. STREET ADDRESS

Kromer

8 DATE OF BIRTH

Riverdale . Md.

4. DATE OF

DEATH

6514 Auburn Avenue

Aug 13. 1885

e. IS RESIDENCE ON A FARM?

Dov

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

21

Davs

YES I NO IN

Yeor

1960

Min.

b. COUNTY Prince George

Months

(3rd. Street)

Month

Sept.

75 yrs

9 AGE (In years lost birthday)

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Prince George

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

6. COLOR OR RACE

W

Prince George Hospital

Carl

First

WIDOWED [

b. CITY OR TOWN IIf outside corporate limits, write

Cheverly

RURAL and give nearest town)

NAME OF DECEASED

S SEX

(Type or print)

Male

CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY IN 16

Middle

Henry

DIVORCED |

7. MARRIED NEVER MARRIED

4	Lb	*
Poge 1	Top a	A.
. F	of direct	(IM

1. PLACE OF DEATH o. COUNTY

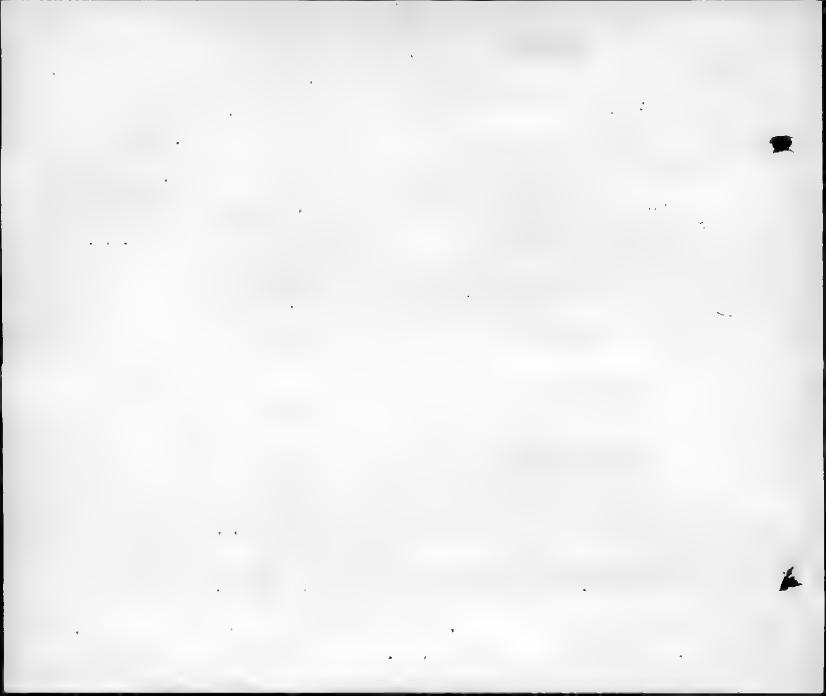
the funera 2 shauld be

puo ars Poges I and ofter death.

TO HOSPITALTOP ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours have be referred by the haspital or attending physician. VR A

1SM

pape pape		10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
		Retired Sheet Metal Worker Ohio U.S.A.
rban 72 h		13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
Con Shin	1	Phillip Kromer Julia Johannes
physic emave ent, will	(x	13 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
attending physician please remave cai in any event, within	(E	No No No of data of service) 300016180 Josephine M. Kromer Same as # 2 (Wife)
leo; any		18. CAUSE OF DEATH [Enter only one couse per line for (o), lot) and (c)]
the second		PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o)
by the it. The		Conditions, if ony, which) (b) artise 5 clero tee # 4 des.
srgned t permi		gove rise to immediate DUE TO
srg gran	^	lying couse lost (c)
has been riol-trans nation, a	O	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
ertificate he as the buri urial, cremo		20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port in of item 18.) OR CONTRIBUTING CAUSE OF DEATH URLE FITHER NOTIFY MEDICAL EXAMINER)
this cert r use as r to buri		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m., While Not while at work of work of work of work of work of work.
: After ched fo Ith prior		21 I certify that (I) (this hospital) attended the deceased fram. 9-20-10-1959, to Supt 24, 1960, that (I) (we) last saw the deceased alive an. 9-20-1960, and that death accurred at 0.50, from the causes and an the date stated above
ECTOR: A be detach of Health		220. SIGNATURE ATTENDING MED STAFF 9/24/60 275. DATE SIGNED ATTENDING MED DIRECTOR PHYS 9/24/60
TO FUNERAL BIRECTOR: page 3 should be detac the State Board of Heali	1	22c. PHYSICIAN'S NAMERANDO B. Moyers 22d ADDRESS Univ. Park, Md.
Doge 3 shifte State I		230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Store)
J. gg		Cremation 9/26/60 Ft. Lincoln Crematory Colmar Manor Md.
15 (4) 9/59	1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. 250 REC'D BY REGISTRAR'S SIGNATURE Colling & Thomas



e. IS RESIDENCE ON A FARM?

YES NO K

Year

19 -60

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

PERFORMED?

22b. DATE SIGNED

(State)

Days

U.S.A.

(County)

19 (/that (I) (we) last

Months

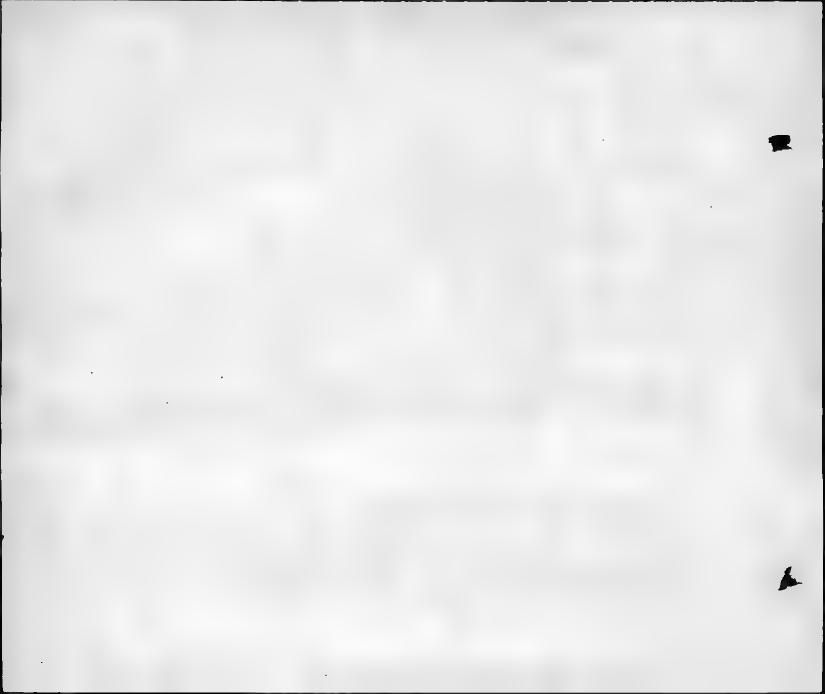
requires that the death certificate by the HOY be ret O HOSPITA VR A15 (4)



-MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN fil outside corporate-limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town) 0 INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle Month Doy Yeor OF DEATH (Type or print) 19 4 5. SEX 9. AGE IN years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED 🔲 NEVER MARRIED 🔣 B. DATE OF BIRTH IF UNDER 24 HRS. Months Days Hours WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country during most of grorking life, when if retired) 12. CITIZEN OF WHAT COUNTRY? (N 4 max 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 r 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 17. INFORMANT Address 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stoting the underlying couse fort. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 ő WAS AUTOPSY PERFORMED? used NO 🕱 Examiner's 200 EXTERNAL CAUSE WAS PRIMARY () 6: CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. pluods 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while 0. m. at work of work 园 p. m. forwarded to the Chief Medi TO FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry , ond find that Accident Suicide , Homicide , deoth resulted from: Notural causes ... Undetermined couse COLUMN TO SERVICE STATE OF THE PARTY OF THE ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) DATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY 22d. LOCATION (City, Jawn, or equally) (Stote) REMOVAL (Specify) ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS. A15ME(5) arthur S. Henre DATE SEP 7

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10608

VR A15 (4) 15M 9/5%

2000				
1. PLACE OF DEATH G COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived If institution	Residence before admission)
Prince George	MARYLAND		yland	Prince George
b CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)			utside corporate limits, write RU	RAL and give nearest town)
Cheverly	31 days	College Parl	K	71
d NAME OF HOSPITAL (If not in haspito, give stre	et address)	d STREET ADDRESS		IS RESIDENCE ON A FARM?
Prince Georges General H	ospital	4707 Amher	st Road	YES NO
3. NAME OF DECEASED (Type or print) Esther	Middle Le t	Lost E	4. DATE Manth OF DEATH Sept	10 Year 1960
S SEX 6 COLOR OR RACE 7 MA	RRIED A NEVER MARRIED	8. DATE OF BIRTH		F UNDER TYEAR IF UNDER 24 HRS
Female White WIDO	WED DIVORCED	5/ 30/ 87	73 yes	Months Days Hours Min
100. USUAL OCCUPAT ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12 CITIZEN OF WHAT COUNTRY
during mpit of working life even if relired) OUSEWIFE	own home	Chio		USA
13 FATHER'S NAME	0 11 2 11 2 11 2	14 MOTHER'S MAIDEN N	IAME	
Albert B Cristy		Whilem	ina Lindsley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	4 SOCIAL SECUDITY NO. 177 II	IFORMANT	Addre	**
(Yes, no, or unknown) (If yes, give wer or dates of service)	4.3			
no		fred R Lee	College Park	Md.
18 CAUSE OF DEATH Enter only one cause per				INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARCI	NOMATOS	15	2 MO5
DUE TO				
Conditions, if any which) (b)	ALENO CAD	CCINO MA	buens ?	IUM.
gove rise to immediate		, ,,		
cause (a), staling the <u>under-</u> [lying cause lost. (c)				
	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(0) 19 WAS AUTOPSY
ATK				PERFORMED? YES ZZ NOTT
200 ACCIDENT WAS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of Item 18)	123 22-110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCHIEF HOW HAJORI OCCURE	s. (Liner herore of injery in t		
3 20c TIME OF INJURY Month Day, Year 20d		ACE OF INJURY (Home, form		(County) (State)
Haur o.m. Who	le Nat while far	ctary, street, affice bldg., etc)	
		d	In Sun Tio	
21. I certify that (I) (this haspital) atte				19_ 6_9 that (I) (we) last
saw the deceased alive-on 9/10/	_OU_19 , and that a	leath accurred at	AM fram the causes and	an the date stated above.
220 S GNATURE	V Newsau	ATTENDING L	o staff _	22b DATE SIGNED
110771111111111111111111111111111111111	· pure	M D PHYS DI	RECTOR PHYS	9/10/60
22c PHYS CIAN'S NAME (Type)		22d. ADDRESS	Man Man	TO
Dr. N. Comeau		950314	uny 51 m	Tlainien Ma
230 BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City town, or	county) (State)
Burial Sept 13, 19	60 Cedar Hill	Cemetery	Suitland Md.	* 1
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So, REC'	D BY REGISTRAR 25b, REGIST	RAR'S SIGNATURE
173	tsville, Md.			ilms S. Krusa



o de la companya de l	Y.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 15
please exe 4 should b 1, cremotian	(MA)	1. PLACE OF DEATH C. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) O. STATE MARYLAND D. COUNTY PRINCE GEORGE MARYLAND
ressory. Page	(IAI)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERIY DURAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYA 7 F5 V: 115
d ton	>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) PR: NCE GEORGES 3512 MAD. SON PL VES D NO EX
ony del funeral r yaur f registra		3. NAME OF DECEASED (Type or print) PETER CHARIES LYNARU DATE OF DEATH SEATH SEATH 16 1960
to the jimed for ith the		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. DATE OF BIRTH 10 2 1/4: Te WIDOWED 10 DIVORCED 10 10-25 - 1909 9. AGE (in yell) 10 - 10 10 10 10 10 10 10
2, and 3 be reft		10a USUAL OCCUPATION (Give kind of work done during file, even if refined) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME
hours of sections		CONSTONTINE LYNARD GIANOLIA DOUNIS
ithin 24 Give Po 3. Tog		NO (19 yes, give wor or dates of service) none MRS. ROSE MAR, Lynard (SAME)
ecuted w fem 18. farm PM sit permit		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUE TO
neil in I ng with riof-tron		Conditions, if any, which government of the course (a), stating the underlying DUE TO
in perfect in perfect of the perfect		COURS TOST. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
certifica pending ner's Of se used		YES NO
ward " ward " of Examination		PRIMARY or CONTRIBUTING 205. CENTRED FLOW INJURY OCCURRED. (Erner nature of injury in Part 1 or Part 11 or feem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o, m.
XAMINITION THE Medico		p.m. 19 at work and of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and find that
de, wri		death resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined cause
CO TO HE	io oc	SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
cute the forward FUNER	or remo	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Inswn., or county) (Stole)
VS. ATSME	5)	Burial 9/20/60 Glenwood Cemetery Washington, D. C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
5M 9755		The S. H. Hines Co. Washington, D.C. DATEEP 20'60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1.	PLACE OF DEATH a. COUNTY				1 2	USUAL RESIDENCE B STATE	(Where dece	ased live		on. Resideni	ce before	odmission)
		nce Georges		MARYLA	MD	T),	. C.		b. COUNTY		-	V
		If outside corporate limi		c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN			limits, write RI	URAL ond g	give near	est tawn)
	<u>Glenn Dale</u>			3 days	- 1		ashing	ton		b .	A. A.	
	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d STREET ADDRES					° c	IS RESIDENCE ON A FARM?
		le Hospital				3	305출 1	0th	St., N.	• W•		YES 🗍 NO 🔀
3.	NAME OF	Fir	sl	Middle		Last	4. DAT	ΓE	Mon	th	Day	Year
	DECEASED (Type or print)	Jame	S	H		Mansfield	DEA	ATH	9		5	1960
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. □	DATE OF BIRTH	'		GE (In years			F UNDER 24 HRS
1	la l e	White	WIDOW	/ED DIVORCED	Z2	8/3/14		"	qst birthdoy) 40 yrs.	Months	Days -	Hours Min.
10	. USUAL OCCUPATION	ON (Give kind of work a king life, even if retired	done 10b.	. KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (S	itale or foreig	n counti	yl	12 CITI	ZEN OF	WHAT COUNTRY?
	Bookkeepe			-		Va.				Ţ	J.S.	A.
13.	FATHER'S NAME				-	14. MOTHER'S MAID	EN NAME					
	Iomaa T	Mansfield				Eth	nel Mag	C.F				
15		ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 INFO		TOW ITO	<i>j</i>	Addr	'ess		
DA:	et. no. ar unknown)	(If yes give war or dates of s	ervice)	79-09-3308		Decedent			_			
F	ID CALISE OF DE	ATH (Cotos celu cos ce		ine for (a), (b), and (c).)		200000000		-			INITES	RVAL BETWEEN
		ATH WAS CAUSED BY	Tor	ennec's cirr	hoat	. with ins	need of	AM CT	r and		ONSE	T AND DEATH
-		IMMEDIATE CAUSE (o			TOST!	at cu fus	MITTOI	.encj	allu		-	. BO.
	5 /	0000	nej	patic come								
	Conditions, if d		1									
	couse (a), slating											
	lying couse lost.	} [c	1									
NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19 WAS AUTOPSY PERFORMED?											
CATION		Bronchopneumonia.										
L CERTIF	20b. ACCIDENT WAS UNDERLYING DORON 100 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING DORON 100 AUGUST OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
3	20c. TIME OF INJUI	RY Month, Day, Ye				OF INJURY (Home, y, street, affice bldg.		(City or I	lown)	{(County)	(Stole)
MED	Hour a.m	19	While of wo		1000	y, siredi, dirice blog.	, erest !					
	21 I certify the	at (I) (this haspital) atten	ded the deceased fi	ram	9/2/	19,60 .	σ	9/5/	, 1960	2_, the	at (I) (we) last
	saw the decea	sed alive an9	/5/	19,60 r and t	hat dec	th accurred of	M, fro	om the	causes an	d on the	date	stated abave
	22a. SIGNATURE	The La	11 "			- WYER (BIN 10)						22b, DATE
		hmus n	Me	2	M.I	ATTENDING PHYS	MED DIRECTOR	5	TAFF HYS []			9/5/60
	22c PHYSICIAN'S NAME (Type)	15. ** *	20	70		22d. ADDRESS	(Glen	n Dale	Hospi	tal	
	(7,67)	Moe Weiss	, M.	U.					n Dale,			
23	O BUR AL, CREMAT C		?ħ	23c NAME OF CEMET	ERY OR C	REMATORY	23d LC	CATION	l (City, town, c	or conuta)		(Stote)
1	REMOVAL (Specify	SEP 6	1960	Arlington	Nat	ional Cem	Àr	ling	ton, V	irgi	nia	
24	FUNERAL DIRECTOR	'S SIGNATURE ,	1	ADDRESS	0	250.	REC'D BY RE	GISTRAR	25b REGIS	STRAR'S SIG	GNATUR	E
	W.W.	hamlel	20	Kurerlal	e i	Md. DATE	SEP 8	'60	On	thun 2	There	ı.
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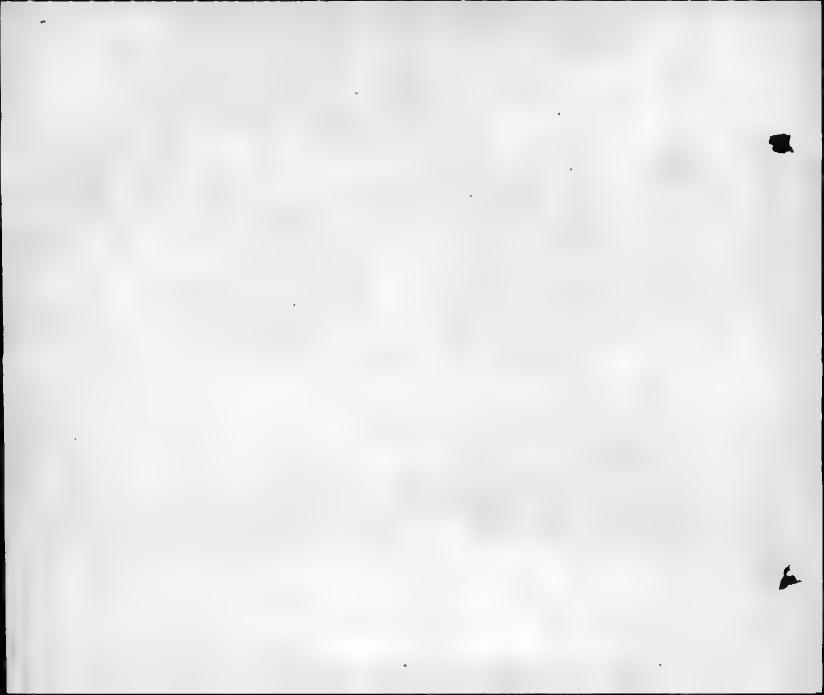
	MA	RYLAND	STATE	DEPART	MENT	OF HEA	LTH—BA	ALTIMORE,
106	10	MEDIC	AL EX	AMINE	R'S C	ERTIFIC	ATE O	F DEATH

111617 Reg. Dist. No.

18

	1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Intitution Residence before admission) 0. STATE Texas b. COUNTY E1 Paso
/	b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negres) fown) Cheverly Md day	*c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1 Paso Texas
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RES DENCE ON A FARM?
	Prince George's General Hospital	10080 Imperial Street YES □ NO 🗵
	13 NAME OF DECEASED (Type or print) DORIS SKINNER Middle	McCool DEATH September 7, 19 60
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 female white whowed Divorced 1	May 17, 1913 9. AGE (In year life UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min 47 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) HOUSEWIFE OWN Home	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Wesley Skinner	Jessie M Dorsey
	(Yes, no, or unknown) 1 (If yes, one war or dates of service)	m A Mc Cool El Paso Texas
	18. CAUSE OF DEATH [Enter only one couse per line-for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) FULTHORS	ng Edema anst
	Conditions, if ony, which by MYUCARDI	BL FIBrosis years
	gove rise to immediate cause (a), stating the underlying cause last.	
	PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT N SOLUMBRIC ACT HABITATE 200. EXTERNAL CAUSE WAS PRIMARY of COUNTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (E	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		inter nature of injury in Port I or Port II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Howr e. m. P. m 19 of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described abo	ve, held an Autopsy 🔀, Inspection 📈, Inquiry 💢 and find tha
	death resulted from; Natural causes X, Accident , Sui	
-	SIGNATURE Day Am O. Walkens	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S DAYTON O. WATIE!	ASSISTANT MEDICAL EXAMINER 9-9-60
	220. BURIAL CREMATION, REMOYAL (Specify) Burial 220. DATE THEREOF Christ Churc	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
>	F. Gasch's Sons Hyattsville Md.	SEP 13'80 Criting S. Hama

VS. A15ME(5) 5M 9/55



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Inc.

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ı Ì	1. PLACE OF DEATH a. COUNTY			2. USUA g. STA			If institution, Residen	ice before admi	ission)
١,	a. COUNT	Prince Georg	tes MAI	YLAND	Marvl		Princ	e Georg	es
	b CITY OR TOWN	N (If outside corporate limits	write c. LENGTH OF STA	Y IN 16 CIT	Y OR TOWN (If ou	iside corporate limi	s write RURAL and		
	KUKAL and give	Cheverly	12 hrs	-50	Woodla	wn - 74	4. Atto.	3 0 00 ·	
57	d. NAME OF HOS	SPITAL (If not in hospital, giv	1	d STI	REET ADDRESS		1	e. IS RI	ESIDENCE
Z			eneral Hospita	n //	6921	Freeport	Street		A FARM?
	3. NAME OF	First			last	4. DATE	Month	Day	Year
	(Type or print)	Robert	34	McDox		OF DEATH	Sept	10	19 60
	5 SEX		MARRIED THEYER MARR			9. AGE	(In years IF JNDER	ET YEAR IF UNI	
	Malo		WIDOWED DIVORC				irthday) Months	Days Hour	s Min
	Male 106 USUAL OCCUPA	141400	one 10b, KIND OF BUSINESS		Dec. 19]	or foreign country)		IZEN OF WHAT	LCOUNTRY
	plotting marsi of w	romng-life, even if retired)	9 11	-1:00 M	1017	Q ₁		US	00011111
	13. FATHER'S NAME	4.1400ps	July 8	LE MOI	HER'S MAIDEN	ME, CC	4		-
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į			se per line for (a), (b), and (a	N 3	\mathcal{T}	\mathcal{L}	1	ONSET AN	BETWEEN LD DEATH
	PARITU	DEATH WAS CAUSED BY MMEDIATE CAUSE (0)_	12200,000	- 1-67	line	Thirmes	1. hage	18	5 years
1	4.4	DUE TO	.) -		1	, - /	2/4	1 4	
	Conditions, (1		Heggent	w- 512	1 1-121	1. Seles	ote 1the	Lo. lim	RNAW
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	Z PAIT II C	OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE COND	TION GIVEN IN PAR	11 1(o) 19 WA	S AUTOPSY LODY ED?
	N PART II C							YES [
-	200. ACCIDENT OR CONTRIBUTE (IF EITHER, NOTE	WAS UNDERLYING 1 2	106 DESCRIBE HOW INJURY	OCCURRED. (Enter no	iture of injury in Po	art I or Port II of ite	m 18)		
	(IF EITHER, NOT	IFY MEDICAL EXAMINER)							
	3 20c TIME OF INJ		20d. INJURY OCCURRED	20e PLACE OF IN	IURY (Home, form,	20f. (City or town) (County)	(State
	20c TIME OF INJ	10	While Not while of work of all work	foctory, street	, office bldg., etc.)				
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	· ·		attended the deceased	/ *	2_24/21. 19 <u>4</u>		1 0 1	(I) Othat	
	220 SIGNATURE	eased alive an	7-1-14 17 O on	d that death acc	orrea ar T P	garatrom the co	uses and an the		226 DATE
	-	In amas a	I Marken	ALT MID ATTE	NDING MEI	D STAF	f _m	al 19 5	SIGNE
	22c PHYSICIAN	's	1 puch		ADDRESS	COK II PHIS	1/1	1000	190
	NAME (Type	Dr . Thomas	Maloney., M.	111	8/4-71	al luc.	Canterer	Kells	Ma
	23a. BUR AL, CREMA				nev I	224 OCATION IS		. 17	
	REMOVAL (Speci		1) Talina	METERY OR CREMATE	A-1 = 0	(Int.	ty, town, or county)	160 6 (5)	tote)
- 4	24. FUNERAL DIRECTO	OP'S SIGNUT INC	ADDRESS 1	on piece	10 25 A 20010	BY DECISION OF	256 REGISTRAR'S SI	CHATLIDE	
	nalla	FULLARDA DY	Louis mile	Rouner	MEC D	BY REGISTRAR 9	Cultury &		
	(weeks)	wretat !	TOPPUL	V	DATE OF				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then plages readon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1061910573**CERTIFICATE OF DEATH** Reg. Dist. No. I directar, Filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY b. COUNTY MARYLAND neral CITY OR TOWN (If outside corporate limits, write ė, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town lears ס d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE Day Year DECEASED (Type or print) DEATH 1960 5. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED R. DATE OF RIPTH AGE (Infyeors IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [7] DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 12460 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) mos. DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) NONE 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) O. m. While Not while of work of work 21. I certify that I attended the deceased fram 5077. 19____that I last saw the deceased and that death occurred at 103/05/1M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) ACTUAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BUPIAL 1960 ${ m Ft.}$ Lincoln Bladensburg 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 3 '60 anti + I france 1SM 9/55

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1.4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	10612 CERTIFICATE OF DEATH Reg. Dist. No. 10620
Poge director	1 PLACE OF DEATH COUNTY STATE USUAL RESIDENCE (Where deceased lived. If institutions Residence before adayssion) o STATE COUNTY b. COUNTY b. COUNTY
funerol Mid be f	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cherry OR TOWN (If outside corporate limits, write RURAL and give nearest town)
da sho	d NAME OF HOSPITAL Prince in haspital, give steel address) d STREET ADDRESS OR INSTITUT ON HOSPITAL Prince Steel address Took 7607 Parto ave 1 PES NOTES NOTES
illed in	3. NAME OF DECEASED (Type or print) Catherine S. Milburn 4. DATE Month 9/8/60 19
pletely I	5 SEX. 16 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH The lost birthday) 9. AGE (In yorks 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 16 COLOR OF RACE 1 YEAR IF UNDER 24 HRS 1 YE
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o Se o	austin Cusick Leogu Farrell
r certificating physical remove 172 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT PROPERTY OF STATE OF SECURITY NO. INFORMANT SAME BY SECURITY NO. INFORMANT S
s that the deatl	18. CAUSE OF DEATH [En'er only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b)
on. n signec isit pern	gove rise to immediate couse (a), stating the under lying couse last. (c)
physici physici hos bee riol-trar navol, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO []
tending fiftcote the bu	The Accident was properlying in 200 Describe How injury occurred. (Enter nature of injury in Part I or Part II of
PHYSIC	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Have a. m. Pm. 19 19 19 19 19 19 19 1
ENDING he losp : R: After oched fo burnol, ci	21. I certify that I attended the deceased from Sept. 7 19.60, to Sept. 8
ATT med by it med by it med by it d be det prior to I	ACTUAL SIGNATURE A ald The rule MD 5432 QUEEN & CHAPEL Rd 9/4/6
OSPITAL INERAL D JNERAL D JNERAL D JS Should registrar p	PHYSICIAN'S RONALD S. FLEISCHER HYATTSVILLE PILOT.
may be	220 BURIA, CREMATION, 226 DATE THEREOF, 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
VS A15 (4) 15M 9/58	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA, RAGIES 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 3 '60 Could & France
	Inc.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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after death. Page

the funeral directar, TO HOSPITAL DIR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after demany be rest. 35 by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committeely filled in the fun page 3 show dise detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

1	CERTIFICATE OF DEATH
	1. PLACE OF DEATH. o. COUNTY O. STATE WILL SIDENCE (Where deceased lived If institution: Residence before admission) o. STATE WILL SIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY FYNKEL (Vely Sidence)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 1 4 11 12 13 13 13 14 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 62/5-4/2+and 62/5 4/2+and 62/5 4
	3. NAME OF DECEASED (Type or print) 4 NAS 170/1/1/2 Middle Last 4. DATE Manth Day Year OF DEATH Soft 1960
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED DIVORCED 11/44 1/850 7/2 yrs Months Doys Hours Min
	10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) LOUSC (1) Le 12. CITIZEN OF WHAT COUNTRY? LOUSC (1) Le
	13. FATHER'S NAME THOMISS J. ILL ATTIN 14. MOTHER'S MAIDEN NAME VING 1714 18/14
	16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (fee, na, or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1984, na, or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1984, na, or unknown) (1984, na, or un
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	Conditions if any, which gove rise to immediate couse (a), stating the under-
	lying cause last (c) CUT CIN O'Non Supr PUIS 9 UTU 1-2
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	ZOC. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. Hour o. m. 19
	21.1 certify that (I) (this haspital) attended the deceased from 1956 19, to $9-21-40$, 19, that (I) (we) last
	saw the decadosed alive an 9-10-60 19 and that death accurred and AM, from the causes and an the date stated above 220. SIGNATURE 220. SIGNATURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	22c PHYS CLANA NAME (Type) WITHAN C. WEINT YOULD CIE & ADDRESS & JAYLWRY 12d , Greenbeld, with
	230 BJRIAL CREMATION 236 DATE THEREOF 23k NAME OF CEMETERY OR CREMATORY 23d ACCATION (City, town, or county) (Stote) REMOVAL (Specify) 9/23/60 (ida) Nell Stulland Mas
	24 PUNERAL DIRECTOR'S AIGMATURE ADDRESS 441 ST & 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE SEP 2 3 '60 Outling 8. Frank



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) COLUMBI A o STATE MARYLAND PRINCE GEORGES DISTRICT b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown). RURAL and give nearest town) ANDREWS AIR FORCE BASE day WASHINGTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION DANBURY STREET. YES 🗍 NO ፟ 🗓 USAF HOSP ANDREWS. DATE OF DEATH NAME OF Middle Month Day Year DECEASED (Type or print) 1960 IF JINDER 1 YEAR IF JINDER 24 HRS. S SEX 6 COLOR OF RACE 9 AGE (In years MARRIED NEVER MARRIED last birthday) Months DIVORCED | September WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STATES MARYLAND NONE NONE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY RUTH SAVAGE MARTIN MICHAEL MILLER 17 INFORMANT Address IS WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO NONE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, 'F any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEL Mai 200 ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town). (County) (State) factory, street, affice bldg , etc.) Hour a m While Nat while at wark 🗔 at work 25 Sept 60 26 Sep 60 27 I certify that (I) (this haspital) attended the deceased from.... 19____, that (1) (we) last 1960 and that death accurred at 22 2M, from the causes and an the date stated above saw the deceased alive an approximation 20 S CHATURE 226 DATE SIGNED STAFF MED. M.D. PHYSICIAN'S 22d. ADDRESS USAF HOSP ANDREWS, ANDREWS AFB, WASH 25 CHARLES В MAHON CAPT USAF MC

(State)

230 BURIAL, CREMATION, 236, DATE THEREOF -REMOVAL (Specify) 24 PÚNÉRAL DIRECTOR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY ATIONAL ADDRESS

25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

23d. LOCATION (City, town, or county)

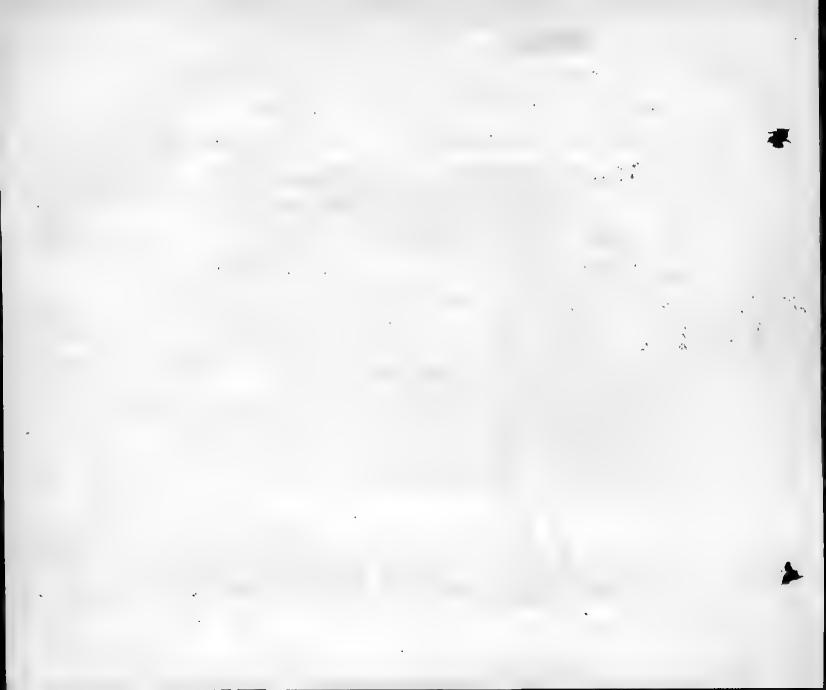
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VS AT5 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10660

CERTIFICATE OF DEATH

10623 Reg. Dist. No.

		PLACE OF DEATH COUNTY PRINCE GEORGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admission) b. COUNTY B. COUNTY RINCE GEORGE
	k	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPIYAL (If not in hospital, give pirect address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
	1	2/02-QUEENS CHAPEL RO. 2102-QUEENS CHAPELRA YES NO
	(NAME OF DECEASED (Type or print) LAWRENCE (E) Multille MULL Mill DEATH Death Day Year Hand
	5 S	1A/E WHITE WIDOWED DIVORCED 3-18-1912 Jost birtheory Months Doys Hours Min.
	104	(. USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) ASSIT - Sup. WASH. D. C. U.S. A.
	13.	FATHER'S NAME
	Ä	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address
1	Kier	WAS DECEASED EVER IN U S ARMED FORCES? 116 SOCIAL SECURITY NO. INFORMANT 1. no. of uninown] (If yes give war or dates of Lamace) 577 077536 MARGARET MULVIHIT - WIFE
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH
		4+ 2 DUE TO DUE TO
		Conditions, if any, which) 101 Arteriosclerotic Heart Disease 2 mg +
		gove rise to immediate cause (o), stating the under-
	_	lying couse lost. (c)
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
İ	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. P. m. 19 20d. INJURY OCCURRED While Not while at work of work of two discounts of the work of two discounts o
		21. I certify that I attended the deceased from Dec , 1957, to Sept 160, that I last saw the deceased
		alive an
		ACTUAL TO ACTUAL
П		SIGNATURE TALLY 11. (1000) 11. M.D. SOI Hamilton ST. Hyle 7/9/6
		PHYSICIAN'S FRANK M. TROZZO JR
		BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22d. LOCATION (City town, or county) BURIAL CREMATION, 22d. LOCATION (City town, or county) BURIAL CREMATION, 22d. LOCATION (City town, or county)
1	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		involly Haulon - 3831-GR. HUE N DATE SEP 13'60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10661 CERTIFICATE OF DEATH Rea. Dist. No. with director, 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before adm ston) b COUNTY MONTO TO THE COUNTY MONTO THE COUNTY MONTO THE PARTY OF THE P PLACE OF DEATH pa Li a COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) plnous d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Paint Branch Nursing Home pup .5 4. DATE OF DEATH NAME OF Middle filled DECEASED within 24 avwood Pages (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED | NEVER MARRIED | AGE (In years last, birthday) completely Months Doys WIDOWED [YES USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME carban de les 14. MOTHER'S MAIDEN NAME physicion remaye INFORMANT 012-10-4152 2 attending ease CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Ō. PART I DEATH WAS CAUSED BY 1 cute Coronary nrom bosis IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any which Cardiac decompensa (b) gave rise to immediate DUE TO cause (o), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY None 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.) MEDI Hour a.m. While Not while at wark of work D. m. 1960 that I last saw the deceased 21 I certify that I attended the deceased fram detached burial, and that death occurred at 5 45 A.M., fram the causes and an the date stated above. may be refunded by the TO FUNERAL DIRECTOR: ACTUAL SIGNATURE ě page 3 should PHYSICIAN'S he registrar NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 9/14/60 FT. LINCOLN CREMATORY PRINCE GEO _COUNTY. MARYLAND

ADDRESS

SILVER SPRING, MD.

FUNERAL DIRECTOR'S SIGNATURE ONER E PIMPER DE

VS A15 (4)

15M 9/58

e. IS RESIDENCE

ON A FARM? YES MODE

Year

19

ECORDS

INTERVAL BETWEEN ONSET AND DEATH

min

PERFORMED?

YES INO IX

(State)

(Stote)

HAYWOOD

(County)

24b. REGISTRAR'S SIGNATURE

Critica & Kings

24a, REC'D BY REGISTRAR

DATE SEP 1 6 '60



1661-Good Hope Rd SE

DATESEP 1 3 '60

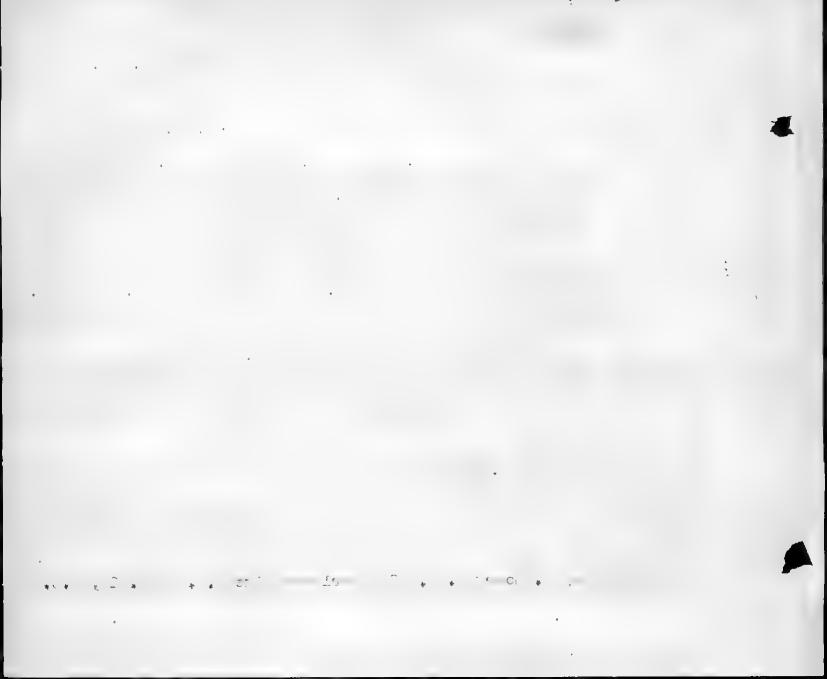
Colling & Heart

Washington 20 DC

Yeor

(Slote)

2 VS A1S (4) 1SM 10/S7

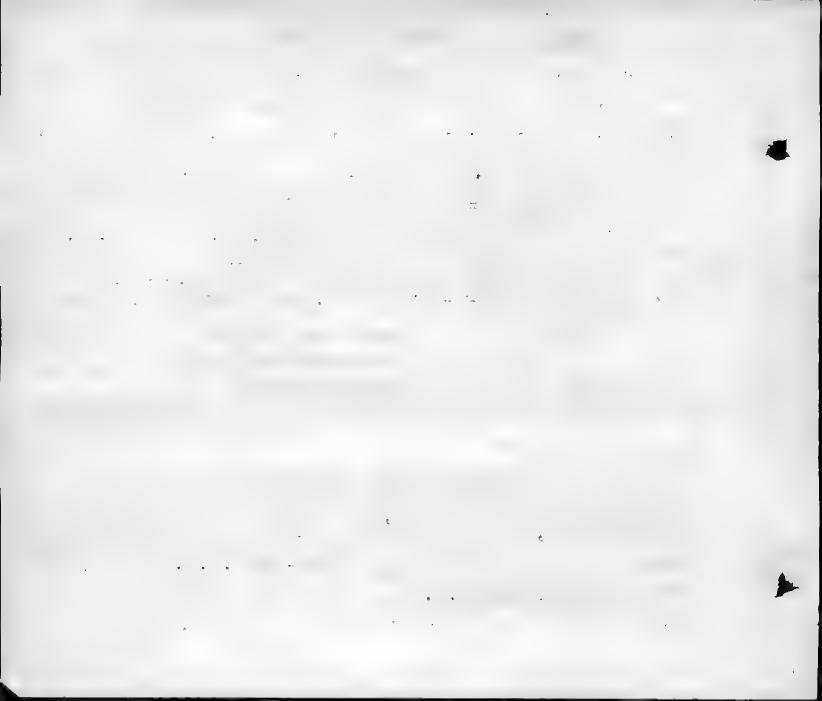


VS A15 (4) 15M 9/SS

10019

CERTIFICATE OF DEATH

<u> </u>	-	L((U))					Reg. Dist. No.			
	PLACE OF DEATH O COUNTY				2	USUAL RESIDENCE (WI	nere deceased live		r Residence b	efore admission)
		e George		MARYLAND		o. STATE Marvl:	and	b. COUNTY	Prince	George
	b. CITY OR TOWN (IF RURAL and give nea Chever		s, write	c LENGTH OF STAY IN 18	4	c. CITY OR TOWN (If o	mer Park			
	d. NAME OF HOSPITA OR INSTITUTION Prince Geo	l (If not in hospitol, gi	ve street o	oddress) Spital	1	d STREET ADDRESS 8102 Sher				e IS RESIDENCE ON A FARM? YES NOTE
	NAME OF DECEASED (Type or print)	Fannie		Middle	ayl	Lost	4. DATE	Month ptember	14th	Doy Year
S. :	Female	1972. 2 A	7 MARR	HED NEVER MARRIED DIVORCED D		ate of Birth une 22nd 18	l la		Months Do	AR IF UNDER 24 HRS. ys Hours Min.
10c	USUAL OCCUPATION during most of works	N (Give kind of work do ng life, even if retired) I O	ane 10b	KIND OF BUSINESS OR INC At Home	USTRY	Washingt		r)		OF WHAT COUNTRY
13	FATHER'S NAME Cha	rles DeVon	derle	ahu	1	MOTHER'S MAIDEN N	_			
1S. (Ye	WAS DECEASED EVER		ES? 16.	SOCIAL SECURITY NO 17		RMANT Ima L. Knot	8102	Shermal lmer Pa		
	The Cause of DEATH [Enter only one couse per line for (o), (b), and (c)] PART f. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost DUE TO Diabetes mellitus									nterval between inset and death 1 day
CERTIFICATION	PART II. OTHE	N IN PART 1(c	19 WAS AUTOPSY PERFORMED? YES NO NO							
	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	ERIBE HOW INJURY OCCUR	RED (E	nter noture of injury in I	Part I or Port II of	item 16.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p.m.	Month, Doy, Year	While	NURY OCCURRED 20e Not while of work	PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc	20f. (City or to	wn)	(Coun	ity) (State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Tems G. Henry G. H	., 12 6 2 0 [ad] e		th oc M.D.	1252 - 6	M, from the ADDRESS (Street, Sth. St. S	e causes and city or town, sto	d on the	
720	BURIAL, CREMATION REMOVAL (Specify) BUT LA I	9/17/60		22c. NAME OF CEMETERY Codar Hill			22d LOCATION S121 t le	(City town, or and, Max		(Stote)
23	FUNERAL DIRECTOR'S		5/7	ADDRESS 1. S.	E,	240. REC'I	D BY REGISTRAR EP 1 9 '60	24b. REGISTI		

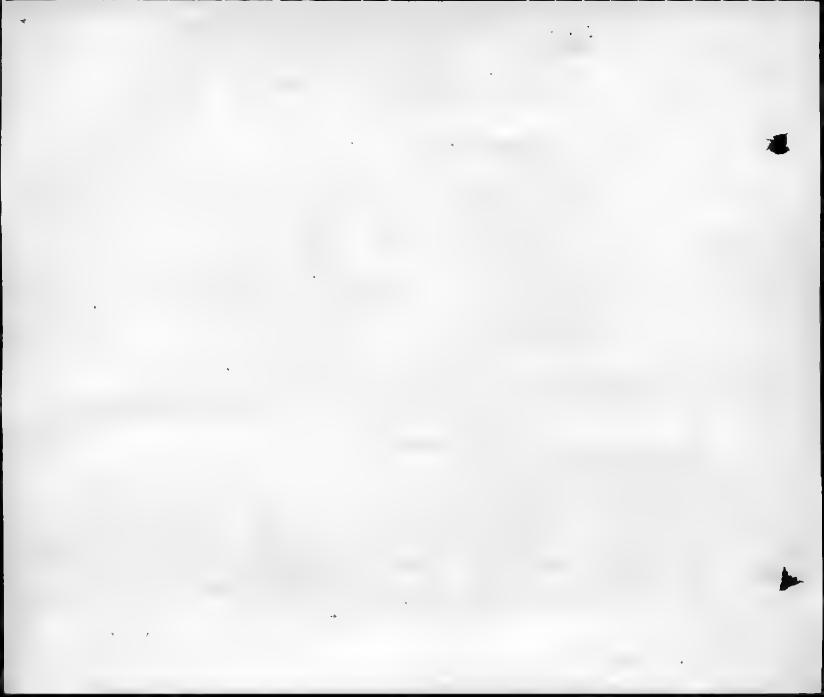


CENTIFICATE OF DEATH

	CERTIFICATE OF DEATH	<u> </u>
V	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived.	
7	· COUNTY INCE GEORGES' MARYLAND STATEMARYLAND	COUNTY Pr. Georges'
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (PARCERLA)	its, write RURAL and give nearest flown)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OF GEORGES ORNERS! d. STREET ADDRESS GOOD 3 43 AVE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle A Lost 4. DATE	Month Qay Year
	(Type or print) DAVID MALTER CERTLY DEATH	SEP 6 1960
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE	(In fears IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min.
	male white widowed Divorced June 28, 1901	9 yrs
	100. USJAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12.CITIZEN OF WHAT COUNTRY?
	Retired Government Clerk Virginia	U S A
	13. FATHER'S NAME	
	David H Oertly Mary A Bowen	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [17] INFORMANT (Yes, no, or unknown) [18] yes, give wor or dates of service)	Address
	no Mildred C Certly Hyat	tsville, Md.
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: (G. 2 CLUE CLUE CLICATE & S.C.)	
	DUE TO	2.1.2
	Conditions, frony, which) (b) (Cl2Clico mic 16 The Och	2th paucres
	gove rise to Immediate DUE TO	*
	lying cause lost. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO THE TERMIN	DITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?
		YES NO [
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of it or Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	tern 1B.)
i	Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or tow factory, street, office bldg., etc.)	m) (County) (Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work of	. /
	21 I certify that (1) (this hospital) attended the secensed from AN 12, 1804, to SEA	0 6, 19 09 that (1) (we) last
	The second of th	ouses and on the date stated above.
	220. SIGNATURE	A 276 DATE
	Laurel JV Jugar M.D. ATTENDING MED. DIRECTOR PHY	F Defo 6 196 SIGNED
	22c. PHYSICIAN'S SAMUEL J. N. SUGAR 22d ADDRESS HAYWOO	DE MTRAINIER
	236 BUR AL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CAEMATORY 23d, LOCATION (C	Lity, town, or county) (State) /
-	Burial 9/9/60 Fort Lincoln Cemetery Colmar	34
ď	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattswille. Md DATE SEP 9 '60	Cirllian S. Krowa

TO HOSPITAL DIRECTOR: After this certificate has been signed by the alternation and campletely filled in 19 hours ofter death. Page 4 may be re 19 by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 19 he funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 22 hours after death. VR A15 (4) 1SM 9/59



> months month s

> > (Stote)

S GNED

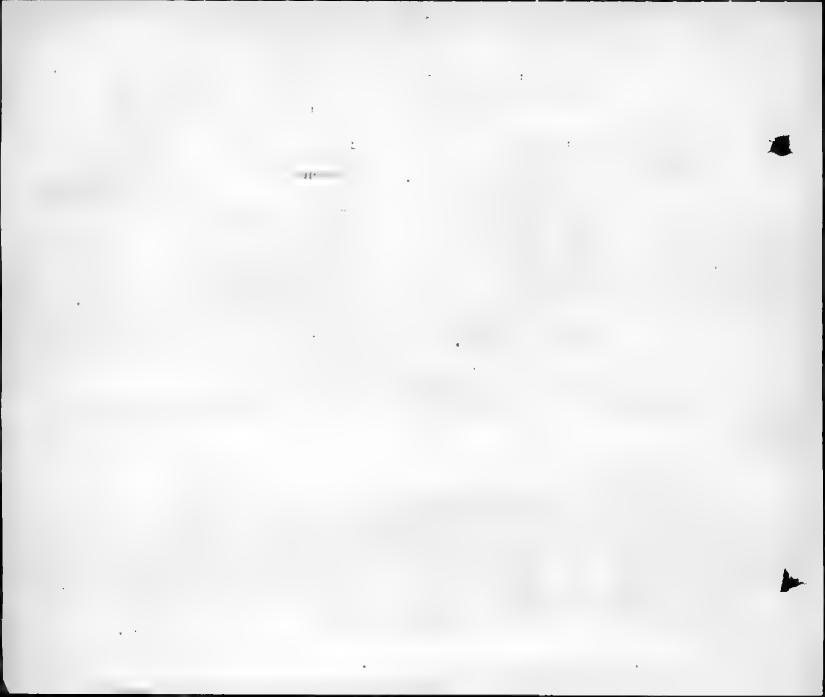
MARYLAND STATE DEPARTMENT OF HEALTH DESIGN OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIEICATE OF DEATH

	CERTIFICATE OF DEATH											
	1, PLACE OF DEATH				nere deceased lived. If instit							
	o. COUNTY	ince George's	MARYLAND	o STATE Maryla	and b. COUN	Prince	George's					
	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, w	rile c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and giv	ve nearest town)					
	Cheverly	ediesi (dwii)	3 Days	Roger's Hei	ights	. 10-1						
7	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	street address)	d. STREET ADDRESS		#	e IS RESIDENCE ON A FARM?					
		eorge's Gener	al	5306 Hamilto	n Street		YES NO 🔀					
	3 NAME OF DECEASED	First	Middle	Lost	4. DATE M	lonth	Day Year					
ı	(Type or print)	Josephi	ne M.	Patten.	DEATH Sept	ember	29 19 60					
1	S SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (n yeo last, birthday		YEAR IF UNDER 24 HRS					
	Female	White w	DOWED DIVORCED	3-2-96	[/] '	Months D	Doys Hours Min					
	10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	ar fareign country)		EN OF WHAT COUNTRY					
		Housewif retired)	own home	Maine		US	S A					
	3 FATHER'S NAME			14. MOTHER'S MAIDEN N								
) E	zekial Jacks	on	Carrie Sm	1 th							
4	Yes, no. or unknown	ER IN U.S. ARMED FORCES? (If yes, give wor or dales of service)	101 00 00 10 10 00 00 11 / 11 / 11 / 11	NFORMANT		ddress	14.3					
		no	none	ntford E Pat	ten Roger n	eignts,	, Md.					
į	18 CAUSE OF DE	ONSET, AND DEATH										
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multiple Pulmona:	ry Emboli			24 hours					
Ì	157	DUE TO	-									
	Conditions, if c	ony which) (b)	Carcinomatosis				month					
	gove rise to i	the under > DUE TO	- 4 0.11		_		4.1					
	lying couse lost	(c) _	Carcinoma of the	head of the F	ancreas		month					
1	0	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM!	INAL DISEASE CONDITION (SIVEN IN PART I	1(a) 19 WAS AUTOPSY PERFORMED?					
-	CATI		MATOIL	AKTHRIT	13		YES ANO [
	S OR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in I	Part I or Port II of item 18.)							
		MEDICAL EXAMINER)										
	20c. TIME OF INJUI	· [5	20d. INJURY OCCURRED 20e. P While Not while	LACE OF INJURY (Home, form actory, street, office bldg., etc.	o, 20f. (City or town) .} !	(Co	ounty) (State					
	\$ p.m		t work at work									
	21 I certify the	at (I) (this hospital) at	tended the deceased from.	9 26 19	40, to 9/29	19.6	A that (I) (we) las					
	saw the decem	sed anye on 9/2	9 19.60 and that	death occurred at 3	M, from the causes	and on the	date stated abave					
	220 SIGNATURE	in hour 1	1 mise		ED STAFE		225 DATE S GNE					
	V/WWW.				ED STAFF RECTOR PHYS		9/29/6					
	22c PHYSICIAN'S NAME (Type)	uman 1)0	NAT COMEA	22d. ADDRESS R. 3503 R.	REYST. MIT	1/AINI	enML					
	230 BUR AL, CREMATIC	ON, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, tow	n, ar county)	(State)					
ı	REMOVAL (Specify	9/30/60	George Wash	ington .	Colmar Mano	r. Md.						
ĺ	24, FUNERAL DIRECTOR	T'S SIGNATURE	ADDRESS			GISTRAR'S SIGN	NATURE					
	F. G.	asch's Sons	Hyattsville. N	DATE OC	T3 '60 C	Juin L. M	W-9					

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 55 by the hasbital or attending physician. in 1, the funeral director, and 2 should be fited-with completely filled in Pages 1 and may be referred by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remove carl

TO HOSPITAL VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10629

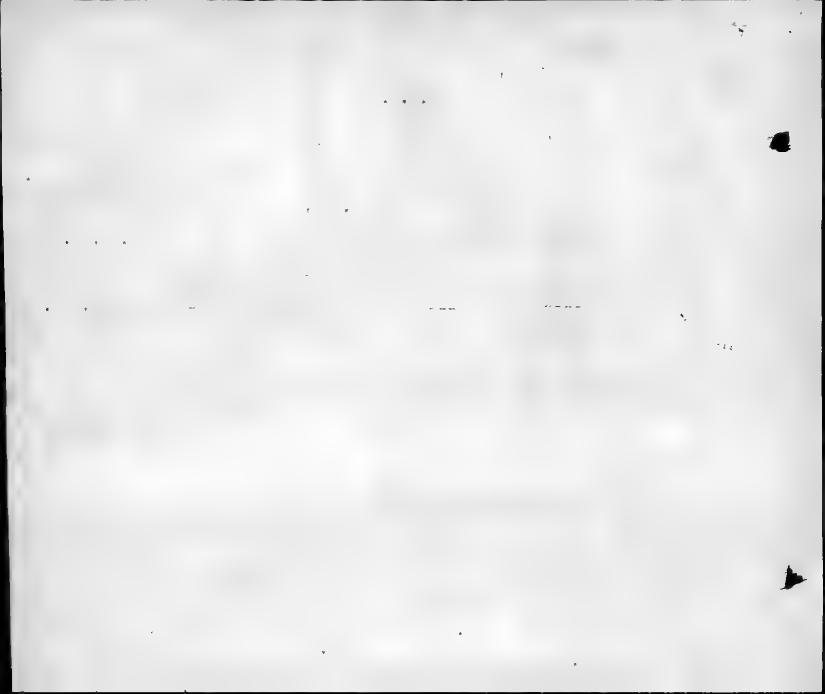
Reg. Dist. No.

	I PERCE OF DEATH	WIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	o. COUNTY Pri	nce Georg	tes 1	MARYLAI	ND	a. STATE Mar	w1.	and	b. COUNT	Prin	ce	Geo	rges
	b. CITY OR TOWN HE ond give necrest fowns	outside corporate limits, write	EURAL	C. LENGTH OF STAY IN	1b		_		porate limits, write				
	Cheverly			DIA	•	% Che	1t	enhar	n				
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hos	pital, give street address)		d STREET ADDRE			4			e. IS RE	SIDENCE
		eorges! (ener	al Hospita	1	/							A FARM?
	3. NAME OF DECEASED	fin	it	Middle		Last		4. DATE OF	Monte		Day	Y-	ear
	(Type or print)		hn	Colema		Payne		DEATH		tembe			9 60.
	5. SEX			D NEVER MARRIED	- 1	ATE OF BIRTH	- ^		9. AGE (In years fost birthday)	Months 1		Houn.	R 24 HRS. Min.
	Male	White	WIDOWED			v. 14,		1	75 yrs.	Mythire	Duys	nours	PATELLY.
	10a. USUAL OCCUPATIOn during most of working	N (Give kind of work a life, even if retired)	lans 10b. K	IND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (S	Stote	ar foreign o	ountry)	12. CITIZ	ZEN OF	WHAT	COUNTRY
1	Station E	ngineer	Ra	ilroads		Virgi				្រ ប.	S.	Α.	
	13. FATHER'S NAME				1	4. MOTHER'S MAID							
	Fred Foo						la	st na	ame unki	lown)			
	15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 1	SOCIAL SECURITY NO. 1	7. INFO	DRMANT			Address				
d	No	All and the Am Am			H1]	lda Gert	ru	de Pa	yne-Che	elter	ihan	n, N	id.
		H [Enter only ane cou	so per line i	for (a), (b), and (c).		7/		1			INTERY	AND DEA	EN JH
	PART I, DEATH	WAS CAUSED BY:		crebral		Hemo	Z	re	32		Ku	~	
	331	DUE TO											
1	Conditions, if on												
	gave rise to immedi												
	cause last.) (c).											
	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BI	NO	RELATED TO THE T	ERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19.	. WAS A	NUTOPSY RMED?
,	3 Ste	in pl	you	and	12	LOSCE	er	a.	· and	rul	, J#	ES 🔲	NO DE
	PART II. OTHE	E WAS 20	b. DESCRIBE	HOW INJURY OCCURRED	. (Ente	r nature of injury in	Port	I or Port II	of item 18.)		-		
		NU											
	Zoc. TIME OF INJURY	Month, Day, Yea			PLACE	OF INJURY (Home, street, office.bldg.,	form,	20F (City	ar lawn)	(Covi	nly)		(Stole)
1	Have a.m.	19	White at war	rk at work	isciui y	, siledi, dinasa bing.,	, uic-j						
	21. I certify the	at I took charge	of the r	emains described a	bove	, held an Auto	opsy	, In	spection \(\sqrt{\chi} \)	Inquir	y \\ \(\) \(\)	and f	ind that
	death resulted	from: Natural	causes 🔀	Accident [],	Suicio	de 🔲, Homic	cide		determined c				
ı	0	/		. ~/-									
	ACTUAL SIGNATURE	ditte	02	rack_		N.D. CHIEF MEDICA	AL EX	AMINER 🔲				DATE S	IGNED
2-	EXAMINER'S		نے ا	3111 - 1		ASSISTANT ME	EDIÇA	L EXAMINES	· 🗆 🗸	7-1	クラ	> '	6
	NAME (Type)	AYTO.	1/0	WAIR	-/	SEPUTY MEDI	CAL E	XAMINERS	2 1				U
	220 BURIAL, CREMATION REMOVAL (Specify)		1	22c. NAME OF CEMETERY			- 1		ION (City, town, o			(State)
	Burial Burial	9/24/60		Ft. Lincol	n (Cemetery	_	Blac	densbur	g,	Mar	ryle	ind
	23. FUNERAL DIRECTOR'S			ADDRESS	7			BY REGISTI		TRAR'S SIG	NATURE	E	
4	Ritchie B	ros Fun	L Hon	ne-Upper Ma	TL	DOTO	SE	P 2 8 6	i0 C1,	Bur P	900	A	

VS. A 15ME(5) 5M 9/55

ar removol.

13



CERTIFICATE OF DEATH

Pag Dist No.

10630

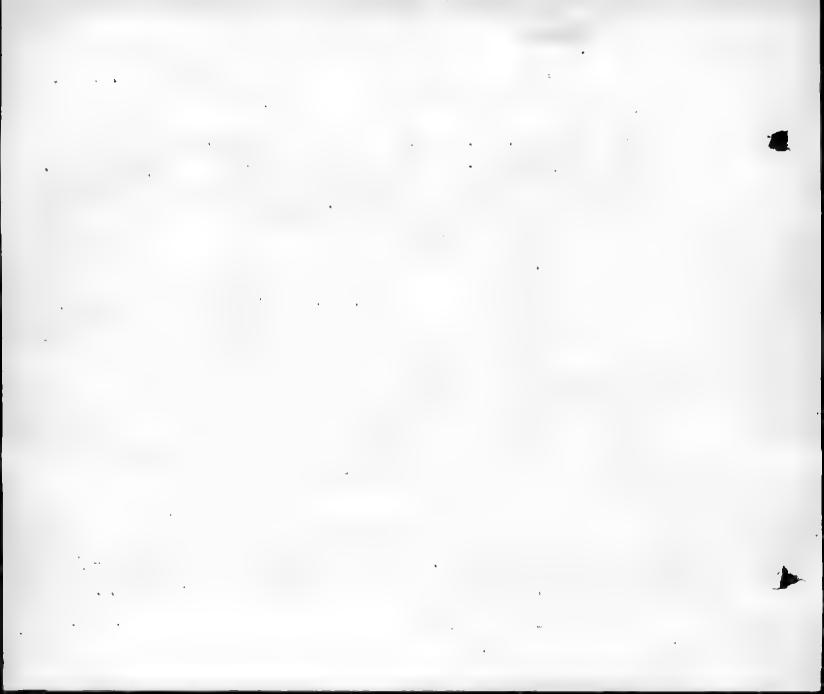
	_		_	Reg. Dist. No.								
		PLACE OF DEATH a. COUNTY	Prince Geo	rore	MARYLAN		o. STATE	. `.		d If institution b. COUNTY	n Residence	before odmission)
/	_	L CITY OF TOWN OF	outside corporate limits,					aryle			P;	r. Geo.
		RURAL and give nea	rest town)	, write	c LENGTH OF STAY IN	115			Iside corporate	limits, write KU	KAL ond give	nearest lown)
			Springs			7	Ca	mp Sp	rings			
1		d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, giv	e street o	ddress)		d. STREET AD	DRESS				e. IS RESIDENCE ON A FARM?
		D.O.A.	Prince Geo	. Ge:	n. Hospital		5200-		Ave S.	E.		YES NO
	3.	NAME OF DECEASED (Type or print)	ANTO		Middle M.		PINTO		4. DATE OF DEATH	Mont Sept	. 15th	Day Year 1 1960
	5.	Female		7. MARRII NIDOWE	ED NEVER MARRIED [ate of Birth	h 189	l te	The state of the s	Months Do	EAR IF UNDER 24 HRS
	10c	USUAL OCCUPATION	N (Give kind of work do ng life, even if retired)	ле 10b. K	GIND OF BUSINESS OR IN	NDUSTRY	11, BIRTHPLAC	CE (Stole o	r foreign countr	y)	12 CITIZEN	OF WHAT COUNTRY?
		House			emps sings		I	taly			1 . 97	taly V
\	13.	FATHER'S NAME	77 000 00			14	I. MOTHER'S N	AIDEN NA	AME			-
			Joseph Cesto	one				Simo				V
/	16		IN U. S. ARMED FORCE		OCIAL CECUNITY NO.	INICAL	MANT		/	4.4.4		
	(Ye	s, no. or unknown] [(II	yes, give war or dates of serv	rion) IO. 5	OCIAL SECURITY NO.	_				Addre		
						Dom	enic Pi	nto	5200-53	rd Ave	Camp S	Springs Md
			H [Enter only one caus	ie per lini	e for (o), (b), and (c)]		0		,			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y: oronary sufaretron											Sudden
		1112	DUE TO				1					
1		Conditions, if on	v. which	Co	Tonario	6	E then	0 70	Poro	•		520
1		gove rise to im	mediate (1							
		couse (o), stating the lying couse lost.	ie under-		,						-	
	Z	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY										
· V	ICATION	Drabetes Melleters								PERFORMED?		
	CERTIFI											
	MEDICAL	20c. TIME OF INJURY	Month Doy, Year			PLACE	OF INJURY (He	me, form,	20f. (City or t	own)	(Сои	nty) (Stole)
	WED	Hour a.m.	19	While of work	Not while	roctory,	street, office b	riag., etc.)				
	460		A 1 -44			. 7.	20 15		G 1	- 106.00		saw the deceased
1			it I attended the a									
1		alive an	- //	, 19 6	_೨_, and that de	ath ac	curred at_					ate stated above
		ACTUAL -	616	70	,		701	~ ^ ^	DDRESS (Street,	city or town, s	4	DATE SIGNED
		SIGNATURE /	aux's	126	legruni	M D.	<u></u>	<u>-0 7 (</u>	ula	ano	105	9-15-60
		PHYSICIAN'S NAME (Type)	Frank S. Pe	elleg	grim		3409	Als	ibama Av	e SE V	Vas h.	D C
	220		22b DATE THEREOF		22c. NAME OF CEMETER	Y OR CR	EMATORY	1:	22d. LOCATION	(City, town, or	county)	(Stote)
		REMOVAL (Specify) Burial	9-19-196	50	Fort Lin	coln			Blade	nsburg	Max	ryland
	23.	FUNERAL DIRECTOR'S	SIGNATURE 1661		ADDRESS DE	ans.	2	4a. REC'D	BY REGISTRAR		RAR'S SIGNA	ATURE
		Cominger !	Ran Was	ı——uc ahine	od Hope RD	OE		SE SE	EP 1 9 '60	a	Thung S. 1	terma

requires that the death certificate be executed within 24 hay may be reserved by the hospital or attending physician. permit. Then please remove carban papers. In any event within 72 hours after death. roge 3 should be detached far u≡ as the burial-t≡ns:† permit. the majstrar priar to llurial, crematian, or removal, and TO HOSPITAL

VS A15 (4) 15M 9/58

rs ofter death. Page 4

should be filled with the funeral director,



"MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH a. COUNTY O. STATE b. COUNTY MARYLAND CITCOR TOWN It publide corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS d. MAME OF HOSPITAL OR INSTITUTION (IF not in e. IS RESIDENCE ON A FARM? YES 🔲 NO 🔼 NAME OF 4. DATE Middle Month Day Year OF DEATH (Type or print) 1960 5. SEX 6. COLOR OR-RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH ge Y TO B. ASE In year FUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [7] DIVORCED T 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (diring most of working fly, even strelized) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes NO. Paga WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address / File Çive Cive PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 ő WAS AUTOPSY CERTIFICATION PERFORMED? NO [20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port | or Part || of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH, Month, Day, Year 20a. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While 1901 While 0.00 at work at work p. m 21. I certify that I taak charge of the remains described abave, held an Autapsy T Inspection X Inquiry 10, and find that death resulted from: Natural causes 1d. Accident Suicide . Hamicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER cute the NAME (Type) 220_BURIAL_GREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 Lanham. Earvland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS. A15ME(5) DATECT 4 SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

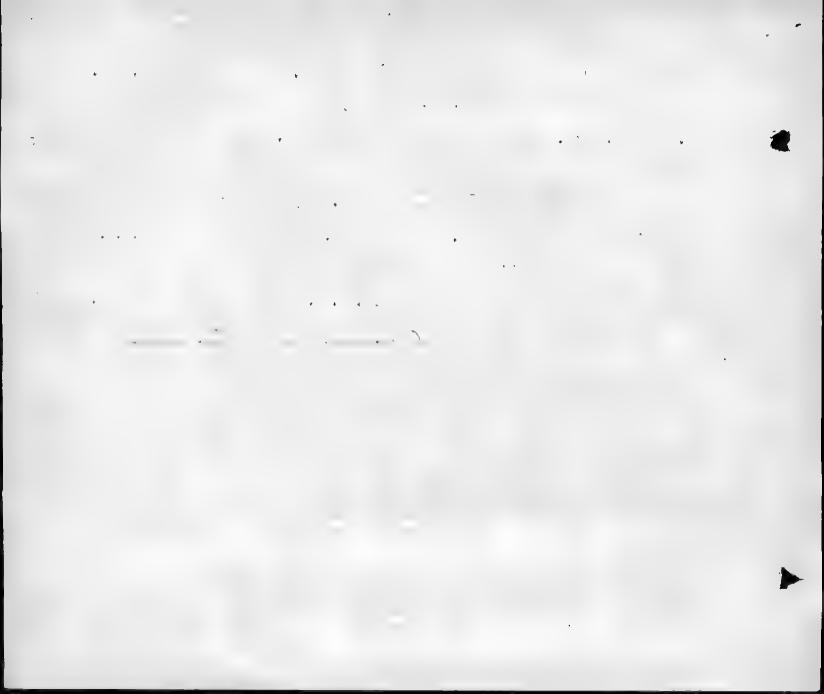


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10618MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No. 10632
1. PLACE OF DEATH S. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Md. b. COUNTY Pr. Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL Chever 1.9 D.O.A.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bryans
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) Pr. Geo Gen. Hosp.	d. street address Bryans Rd., Box # 163 e. is residence on a farm? yes \(\) NO \(\)
3. NAME OF First Middle (Type or print) THOMAS LEROX PULL	LIAM Last 4. DATE Month Doy Year OF DEATH Select 24 19 (20)
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 9	Dec. 1935 2. AGE (In years IFUNDER 1YEAR IF UNDER 24 HRS. Punder 24 HRS. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Auto	11. BIRTHPLACE (State or foreign country) Va. U.S.A.
13. FATHER'S NAME **Harry Clay Pulliam	14. MOTHER'S MAIDEN NAME Katie Dudley
(Yes, no, or unknown) 11f yes, give wer or dates of service)	s. T. L. Pulliam (Wife) Same Add. As # 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. DUE TO Cause last.	Alusein of Lacester ONSEI AND DEATH Rull Fretures Tuned Ribs OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATIO	PEFFORMED? YES NO Part I or Part II of Item 18.)
S LOG TIME OF BUILDY Month Day Year DON INTERFO DOCUMENT JOS PLAC	
death resulted fram: Natural causes , Accident S. Suic	
REMOVAL (Specify)	ASSISTANT MEDICAL EXAMINER 1 5 DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) [State]
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO THE HUNGER WALD BEEN	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Mci 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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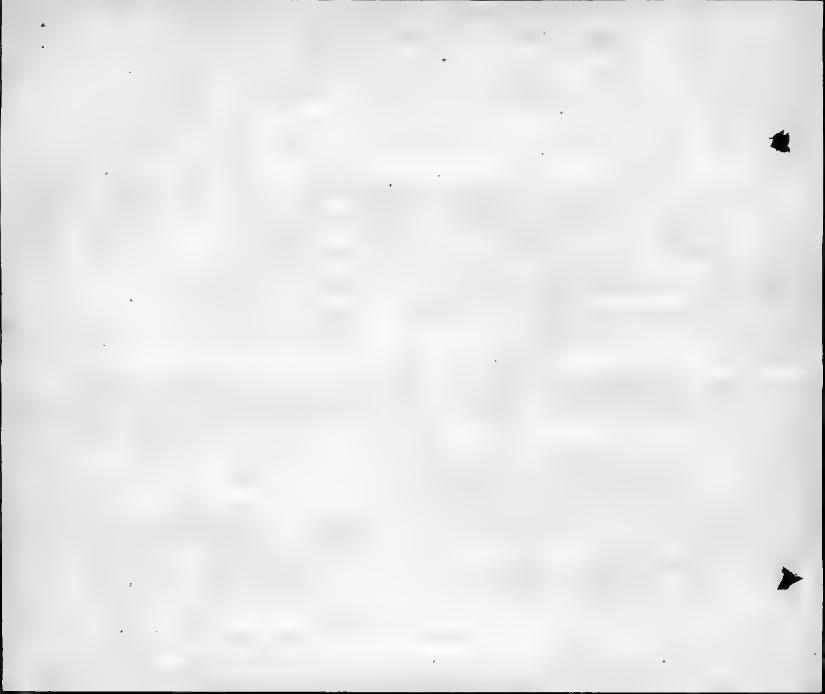
TO DEPUTY AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the calculation, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral decitor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your five Toward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your five Toward to be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5) SM 9/55 1.4

	MARYLAND	STATE DEP	ARTMENT OF	HEALTH-BA	LTIMORE, 18
106	MEDIC	AL EXAM	INER'S CERT	TIFICATE OF	DEATH

Reg. Dist. No. 10634

١	Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before adminion) o. STATE Maryland b. COUNTY Prince George's						
/	b. CITY OR TOWN (If outside corporate limits, write BURAL and give record level) Cheverly Md. C. LENGTH OF STAY IN 16 D O A	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Brentwood Md						
j	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince Georges General Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NOT						
	3. NAME OF DECEASED (Type or print) William M.	Reamy 4. DATE Sept 1, Doy Year 60-						
	Male white widowed Divorced D	ct 23, 1896 9. AGE (in period) lon birthdoy) 63 yrs. IFUNDER 19EAR IF UNDER 24 HRS.						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired) Town of Brentwood	11. BIRTHPLACE (State or foreign country) M Virginia 12. CITIZEN OF WHAT COUNTRY? U S A						
1	Alex Reamy	14. MOTHER'S MAIDEN NAME Maggie Reamy						
	Market and the second of the s	lice Reamy Brentwood, Md.						
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse tost.	Shock was about						
٠.	CATIC	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO niter nature of injury in Part I or Part II of item 18.)						
	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described abordeath resulted from: Notural causes , Accident , Suid	ve, held an Autopsy, Inspection, Inquiry, and find that tide						
	SIGNATURE Day owatta	MD CHIEF MEDICAL EXAMINER SOLT 1, 1960						
	EXAMINER'S DAYTONO WATK	// DEPUTY MEDICAL EXAMINER 3						
	220 BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 9/3/60 Pt Lincoln C	Cemetery Colmar Manor, Md.						
5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Maryla	and DATE SEP 6 160 Cultur 2, House						



VS A1S (4) 1SM 9/5B

MARYLANI	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10665	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No. 10635

1. PLACE OF DEATH						NCE (Wh	nere deceased	l lived. If instituti		e before adm	ission)
a. COUNTY	Prince Geor	ge	MARYLAN	HD	o. STATE	Mary	land	b. COUNTY		. Geo.	
b CITY OR TOWN RURAL and give Fort Fo	(If autside carporate limi nearest lawn) 010	its, write c LEI	NGTH OF STAY IN I	lb	e. CITY OR TO	WN (If o		rate limits, write l	URAL and gr	ve nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospita , (ive street address	5)		d. STREET ADE		790 1		4		ESIDENCE
OK INSTITUTION	4338Pa	tes Dr.	S.E.		433	8F	Pates	Dr. S.E.	/		A FARM?
3. NAME OF DECEASED	Fil	rst	Middle		Last		4. DATE	Moi	ith	Day	Year
(Type or print)	ALMA		E.	RO	SENBALN	1	OF DEATH	Sept.	15t	h	1960
S. SEX	6. COLOR OR RACE	7. MARRIECE	NEVER MARRIED] 8. D.	ATE OF BIRTH			9. AGE (In years lost birthdoy)		YEAR IF UN	
Female	White	WIDOWED [DIVORCED [April 3	, 19	903	57 yrs	Months	Days Hour	rs Min
100 USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	dane 10b KIND (OF BUSINESS OR IN	IDUSTRY	11, BIRTHPLAC	CE (State	ar foreign co	ountry}	12 CITIZ	EN OF WHAT	COUNTRY?
	sewife	,	****				Virgin		U	SA	
13. FATHER'S NAME				14	. MOTHER'S M	AIDEN N	NAME				
	George D.	Gray			E	aste	r Jane	e Hager			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16 SOCIA	L SECURITY NO.	INFOI	RMANT		al	Add	ress		
(, ro, or someown)	Its year, give war or ocies or s	ervice,		Alex	ander D	. Ro	sebalı	n 4338	-Pates	Dr. S	E
18. CAUSE OF DE	ATH [Enter only one co	use per line for ((a), (b), and (c).]				-			INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (c	Cx	clonies	9/	Ciec	le	COL			ONSET AN	ID DEATH
400	DUE TO		C+								
Conditions, if	any, which) (t										
gave rise ta cause (a), stating	immediate (DUE TO										
lying cause last		1									
Z PART II. O	HER SIGNIFICANT CON		BUTING TO DEATH	BUT NOT	RELATED TO TI	HETERMI	NAL DISEASI	CONDITION GI	EN IN PART	1(a) 19. WA	S AUTOPSY
ES	catheria.	11/1/2	est lis								FORMED?
UF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCU	RRED. (E	nter nature of i	njury in l	Port I ar Pari	Il of item 18.)			
Y 20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While N	OCCURRED 20e	PLACE factory,	OF INJURY (Ho street, affice b	me, form	20f (City	ar tawn)	(Co	ounty)	(State)
21. I certify t	hat,I attended the	deceased fro	am		_, 19,57	to	\mathcal{L}	1966	that I las	t saw the	deceased
alive an	11.3	19/20	and that de	ath oc	curred at /	ACT	M, fram	the causes ar	d an the	date state	ed above
		11 3	f.		-			reet, city or town,		/ D	ATE SIGNED
ACTUAL SIGNATURE	Jen 30	1 65 -1		, M.D.	324	/	75.	I especia	w la	75 6	16-12 2 1
PHYSICIAN'S	-,-									91	.
NAME (Type)	Lewis Pa	rker			5241	St.	Barnal	oas Rd S.	E. W	ash. 2	I DC
220. BURIAL, CREMATI REMOVAL (Specify		-60 22c	Monte	Y OR CR	EMATORY		Ble	TON (City, lawn,	& u)Rat	tate) Va
23. PHNERAL DIRECTO	n 100.	lGood	Hope Rd.,	SE	2		D BY REGIST		STRAR'S SIG		
Hounna	1340. Was	hington	20 DC		D	ATE	SEP 1 9	00 (Inthus 2	. Thurs	





	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1	ACO MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

10638 Reg. Dist. No 11110/11 le m de Malen al U la fal at

Ŀ		1002/1 9-19-00 81	
ΚŪ	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
	Prince George MARYLAND	a. STATE Maryland b. Tarince George	
4	b. CITY OR TOWN (H autstale corporate kinets, write RURAL ond give necrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
L	Cheverly 135Hr	Riverdale	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?	
/	Prince George General Hospital	5600 56th Ave. YES NO	
	NAME OF DECEASED (Type or print) SALLY POINTS	LIP DATE Month Day Year Of DEATH Sept. 3 1960	
	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Adopthy Days Min.	
-	Female White WIDOWED DIVORCED	7-31-97 63 yrs. Months Days Hours Min.	
	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	RY IT. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
1.	during most of working life, even if retired) lousewife own home	Virginia USA	
	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	James Golben	Mary Jane Hawkins	
ŀ	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
	Yes, no, or unknown) [If yes, give wor or dotes of service) NO NODE	Hospital record Cheverly Md.	
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN CONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Perstoner		
	DUE TO 17		
	Conditions, if any, which (b) beautiful	sund also Hours	
	gove rise to immediate cause (a), stating the underlying DUE TO	1 C Harris	
	couse last. (c) Attacher	it c xongrene	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. EXTERNAL CAUSE WAS CONTRIBUTING CAUSE HOW INJURY OCCURRED (Enfor notions of injury in Part 1 or Port II of item 18.)		
	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I ar Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while factor of work of work of work of work of work of the street of the stre	E OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ry, street, affice bidg., etc.)	
1	How a. m. 19 at work at work	ry, sites, unite energy, etc.,	
	21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection [], Inquiry [], and find that		
	death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].		
	DATE SIGNED		
١,	SIGNATURE Daym On allen	_M.D. CHIEF MEDICAL EXAMINER	
	EXAMINER'S NAME (Type) DAYTON O MATTITAL DEFUTY MEDICAL EXAMINER D		
Ĩ		CREMATORY 27d LOCATION (City, fawn, or county) (State)	
	Burial 9/6/60 Fort Lincoln	Cemetery Colmar Manor, Md.	
18	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
L	F. Gasch's Sons Hyattsville, Md.	DATE SEP 9 '60 Circles & trans	

VS. A15ME(5) 5M 9/55



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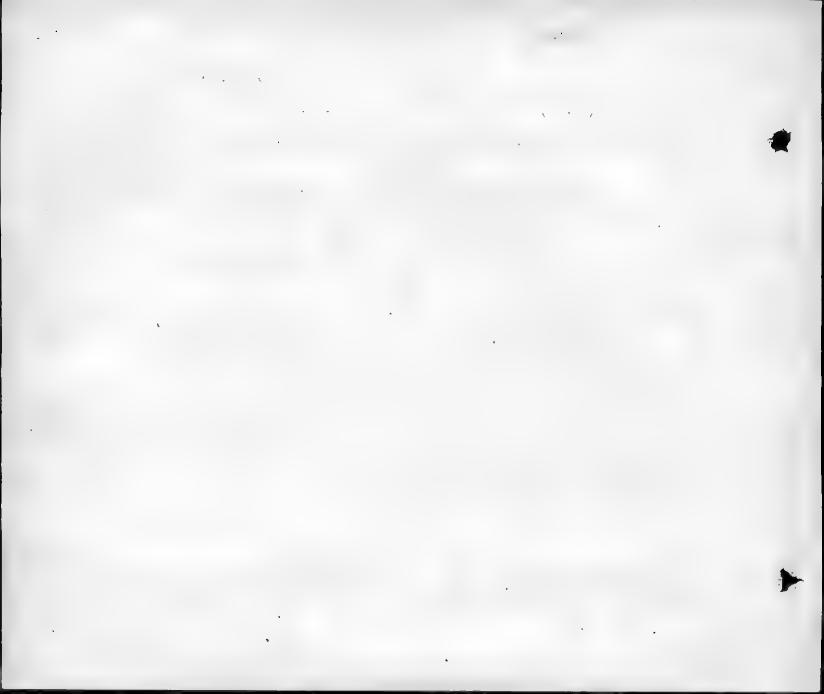
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cremation,

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death. Page



		COOPT	<u> </u>		— — — — — — — — — — — — — — — — — — —					
1	PLACE OF DEATH			2.	USUAL RESIDENCE (WI		lived If institute	on Residence	before admiss	ດກ)
	Prince	George's	MARYLAND		Mary.	Land	1	rince	George	' 5
	b CITY OR TOWN (If RURAL and give new	autside carporate limits, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	sutside carpon	ate limits, write R	URAL and give	e nearest tawn)
	Cheverl		28 days	J.F.	` Hyattsvi	lle				
		AL (If not in haspital, give street		1.	d. STREET ADDRESS				e IS RESI ON A	DENCE FARM?
	Prince Geo	rge's General			4203 Galla	atin A	ita		YES [NO 🔀
3.	NAME OF	First	Middle		Last	4. DATE	Mon	ith	Doy Y	regr
	(Type or print)	Howard	Murray		Smith	OF DEATH	Septem	ber	17 1	9 60
S	SEX	6. COLOR OR RACE 7 MARE	RIED NEVER MARRIED		ATE OF BIRTH	9	AGE (In years last, birthday)		FAR IF UNDE	
	Male	White WIDOW	ED DIVORCED		6-24-86		74 yrs	Months D	nys Haurs	Min.
10	LSUAL OCCUPATIO	N (Give kind of work dane 10b. ing life, even if retired)	KIND OF BUSINESS OR IND	USTRY	11 BIRTHPLACE (State	ar foreign co	untry)	12. CITIZE	N OF WHAT C	OUNTRY
		Buyer for Sec	ed Company		Maryland			US	A	
13	FATHER'S NAME			14	. MOTHER'S MAIDEN I	NAME				
	Basil	Smith			Frances (Chilco	ate			
		IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT		Add	ress		
Į,	es, no, or unknown) (If yes, give wer or dates of service)	1	eon	ard M Smit	th Hya	ttsvill	e, Md.		
	18 CAUSE OF DEA	TH [Enter only one cause per li	ne far (a), (b) and (c)]		,			1	INTERVAL BE	
, PART I, DEATH WAS CAUSED BY.									ONSET AND	DEATH
	-2/1	IMMEDIATE CAUSE (a) DUE TO								
	Canditians, if an	ny, which) (b) C	entrat 6	> .	82270168	Gum			V16	N.
	gave rise to in	n mediate							7	
	cause (a), stating t	he <u>under-</u> (c)							-	
Z	PART II OTH	IER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BE	UT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	/EN IN PART I	(a) 19 WAS A	AUTOPS
CATIC									YES	RMED?
MEDICAL CERT FICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206. DES CAUSE OF DEATH MEDICAL EXAMINER]	CRIBE HOW INJURY OCCUR	RED (E	nter nature of injury in	Part I or Part	II of item 18.)			
8	20c. TIME OF INJURY	Y Manth, Day, Year 20d II	NJURY OCCURRED 20e. I	PLACE	OF INJURY (Home, farm	20f (City	gr town)	(Cai	unty)	(Stat
EDI	Hour a m.	While	Not white		street, affice bldg , etc				.,	,
2		- Jul 401		pl	171/	<u>i</u>	217 1/2	- //	,	
		t (I) (this haspital) attend					-f1		, that (I) (s	
	sow the deceas	ed alive an S	19 <u>16</u> , and that	deat	n accurred of:0	5M prisent	he couses or	d on the o		
	22a SIGNATURE	1			ATTENDING /M	ED _	STAFF c		22t	DATE SIGNE
	11. 4	() / C L		M.D.	PHYS 🗗 DI	RECTOR 🔲	PHYS 🗆 S	ept 18	3, 1960)
	22c PHYSICIAN'S NAME (Type)	/ (0) + 3			22d. ADDRESS					
	() [-]	Til Bergman			Hyattsy	ille !	id			
23	BURIAL, CREMATIO	N, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CR	EMATORY	23d LOCAT	ON (City town,	ar county)	(State	B)
	REMOVAL (Specify)	Sept 20, 196	G Fort Linco	ln	Cemetery	Colma	r Manor	. Ma.		
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			D BY REGISTI		STRAR'S SIGN	IATURE	
	F. Gasch	's Sons Hyatts	ville Md.		DATE SE	P 1 9 '6) .	71 m 8 f	to mile di	

DATE SEP 1 9 '60

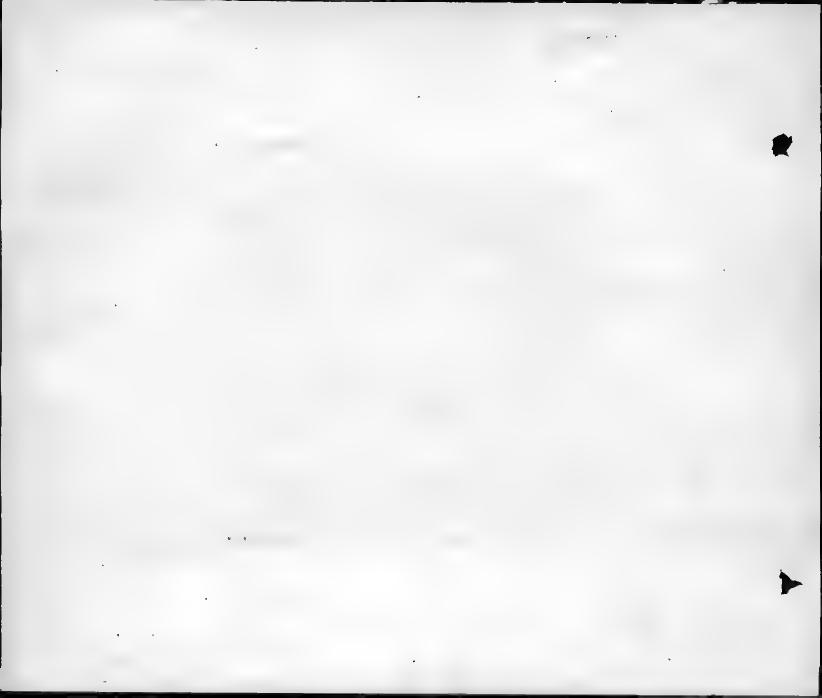
Cotton & Knows

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours TO HOSPITAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled
page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 c
the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

er death Page 4

the funeral director, should be filed with

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10641

Reg. Dist. No.

	()
TO DEPUTY AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute the ficate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral circles. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit. TO FUNEX DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation, or removal.	A. (M)
r in pencil in lifice along with	1
This certifical ward "pending Examiner's Offi rould be used o	Ò
AL EXAMINER S. writing the v Chief Medical TOR: Page 3 sh	
AT DIRECTOR	2
cure the forwarde TO FUNER/	

[[A]

V	1, 8	o. COUNTY France Her MARYLAND	o. STATE 771 b. COUNTY
ン	ь	o. CITY OB TOWN (If oulside corporate fineds, write RURAL c. LENGTH OF STAY IN 16 DO A	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	d	J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 4639 LACY and PERMY YES NO
271	- [NAME OF DECEASED (Type or print) ////////////////////////////////////	Losi A. TAC SATE Month Day Year DEATH SATE 23 1968
	5. S	6. COLOR OR RACE 7. MARRIED 5. NEVER MARRIED 8. WIDOWED DIVORCED 5	DATE OF BIRTH 9. AGE (In from lost birthdoy) Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of working life, even if-refired) Atulian	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME Schlarch	14. MOTHER'S MAIDEN NAME ELLA, Donal Som
		WAS DECEASED EYER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	LUAN'SU'ECNE 1 Suites
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), storing the underlying DUE TO	thronkoris fixe muchos Heart failure 5 years
	CATION	couse last. (c) Hyper yers	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
)	CERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	oler noture of injury in Part I or Part II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC While Not while focto at work 19 of work 19	E OF INJURY (Home, form, ry, street, office bidg., etc.) 20f. (City or town) (County) (State)
		21. I certify that I taak charge of the remains described above death resulted from: Natural causes , Accident , Suice	
2	ie .	SIGNATURE DAY TON OWalken	M.D. CHIEF MEDICAL EXAMINER D
	20.	EXAMINER'S DAYTON O WATKIN	S DEPUTY MEDICAL EXAMINER 9-23 TOO
		Buren 9-26-60 mt. Oli	ret Washington (City, lown, or county) (State)
	23.	SUMMONS BUD. 1661-GOOD HOP	DATE SEP 2 6 '60 CLILLY & HOME

VS. A15ME(5) 5M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or otherding physicion.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The registrar prior to burief, cremation, or removal, and in any event within 72 hapris after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

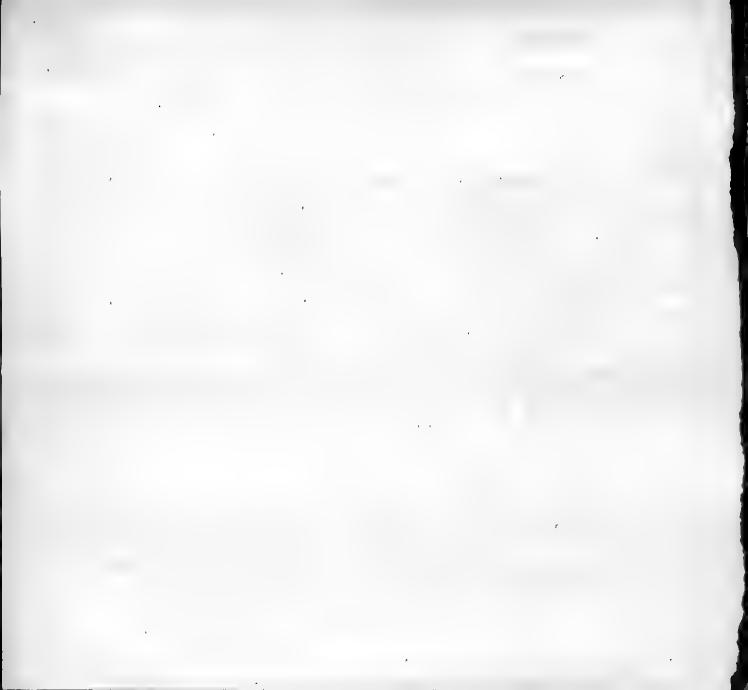
10668

CERTIFICATE OF DEATH

10642

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (W	here deceased lived.	If institution. COUNTY		eorge's
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (IF	autside carporote lin		Al and give nec	arest fown)
Berwyn Heights Md.	Del	rwyn Heig	nts ma		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 6205 Pontiac St	d. STREET ADDRESS	ntiac St			e. IS RESIDENCE ON A FARM?
	0200 10	THULAC SU			YES NO 🔯
3 NAME OF First Middle DECEASED (Type or print) Joseph Stanlay Stard	lost C	4. DATE OF DEATH	Month Sept	17,	ny Year 19 60
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	ale Sr B. DATE OF BIRTH				IF UNDER 24 HRS
male white WIDOWED DIVORCED	April 9, 18	i last		fonths Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during mast af working life, even if retired)	STRY 11. BIRTHPLACE (State	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
Retired Machinist U S Gov't	Englar	nd		US	A
13. FATHER'S NAME	14 MOTHER'S MAIDEN	NAME			
Joseph Stogdale	Elizabeth	Ann Bar	rett		
	TORMANY		Address	-	
[If ym, give wor or dots of service]	mie Neale W	est llyat	tsvill	e Md.	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	_	1	6) JINTI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ma y	acre	Y1 77	, , , ,	CI AND DEATH
DUE TO		/)			
Conditions, if day, which) (b)		0			
gove rise to immediate					
cause (a), stating the <u>under-</u> lying cause lost. DUE TO (c)					
	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN	IN PART 1(o) 1	9 WAS AUTOPSY
PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	a, Mar	and a			PERFORMED?
20a. ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW THURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of i	tem 1B.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or tov	rn)	(County)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p.m. 19 work of work 19 of work 1	ctory, street, affice bldg., et	c.)			
21. I certify that Dattended the deceased fram.	19(00), to 3	Text	_ 19 Auth	at I last say	w the deceased
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	accurred at/2 3				
	, , , , , , , , , , , , , , , , , , , ,	ADDRESS (Street, ci			DATE SIGNED
SIGNATURE STORMER WELLS	M.D. 6607	RIVERDALE	Ro. Ri	VE ROAL	LE, MA
PHYSICIAN'S C. JAMES DUKE	~		/	e jobs ner - en jobs del told 1996 bette dan	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R ORNATION	22d. LOCATION (City, town, ar o	county)	(State)
Burial Sept 20, 1960 Washington	National	Suitl	and Md		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				AR'S SIGNATU	RE
F. Gasch's Sons Hyattsville Nd.		SCD 4 O ICO			



	1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Where decease			ence befa	re odmiss	ion)
	Prince (eorges		MARYL	AND	D.	C.	b. COUNTY		la la		レー
	b CITY OR TOWN (if outsid RURAL and give nearest to	e corporate lim	its, write	c. LENGTH OF STAY IN	4 Љ	c. CITY OR TOWN (II		prote limits, write I		give nec	rest lowr	1)
	Glenn Dale (run	- 1		O MOHOLO		Washington						
Į,	d NAME OF HOSPITAL (If n	at in haspital,	give street (address)		d. STREET ADDRESS	CHANGE 91	KAA			e. IS RES	
7	Glenn Dale Hos	pital				18:	1812 N. Capito					FARM?
100	3. NAME OF	Fi	rst	Middle		Losi	4. DATE	Moi	nth.	Do	Y	Year
	DECEASED (Type or print)	Anr	na	E.		Strickler	OF DEATH	9		}	1	19 60
J	S. SEX 6 CO	LOR OR RACE	7 MARR	IED NEVER MARRIED	ПП	B. DATE OF BIRTH	-	9 AGE (In years last birthday)		RIYEAR	IF UND	ER 24 HRS
	Female W	hite	WIDOWE	DIVORCED		1/2/1894	Manths	Days	Haurs	Min		
	10a USUAL OCCUPATION (Give during most of working life	e kind af wark	dane 10b	KIND OF BUSINESS OR	INDUS		te ar fareign a	auntry)		TIZEN OF	WHATC	OUNTRY?
	Retired office			V.B. Harriso		Pa.				U.S.	٨	
١	13 FATHER'S NAME	WOAILC	· · · · ·	Nepe Harran	/44 <u> </u>	14 MOTHER'S MAIDEN	NAME			_U_ 2,	1/3 m	
/	James S. Wils	on				Mary C.	Mackey	r				
	15 WAS DECEASED EVER IN U			SOCIAL SECURITY NO	17. IN	FORMANT			Iress			
	(Yes, no, or unknown) (If yes, gr	ve war or dates of :	service) 57	79-01-8718		Decedent		840				
	18 CAUSE OF DEATH [E	iter only one co			1					INTE	RVAL BE	TWEEN
PART I, DEATH WAS CAUSED BY Droma harman											EI AND	DEATH
1	IMME	DUE TO		or oriento Rentre	<u> </u>	ITCIHOMA WIU	r Reuer	allzeom	erasi	12 SES	1 1110	110110
	Conditions, if ony, wh	inh Y										
1	gove rise to immedi	ate (
	Lause (o), sloting the una lying couse last.	ler-										
		NIFICANT CON	,	ONTRIBUTING TO DEAT	'H BIIT	NOT RELATED TO THE TER	MINAL DISEAS	F CONDITION OF	VENE IN PA	PT 1/m) 1:	O WAC	ALTOPSY
	Ē.			riosclerosis		THE TEN	MILLIANCE DESIGNATION	£ CO(10/1/O/4/O)	7614 114 12	11(0)	PERFO	RMED?
١						(Enter nature of injury in	n Part i oc Por	t II of item 1B.)		-	102 1	NO 🔲
	OR CONTRIBUTING CAI	JSE OF DEATH				fame, natore di mitary il		t it at trant long				
ı	20c. TIME OF INJURY Mar Hour o. m.	ith, Day, Ye	1		0e PLA	ICE OF INJURY (Home, fa	rm, 20f (City	or town)		(County)		(Stote)
	P. m.	19	While at work	Nat while		, moon, annua deagli, a						
	21 I certify that (I) {	this haspita	1) attend	ed the deceased f	ram	3/4/	60 ta	9/4/	195	00 th	at (I) (we) last
	saw the deceased al	ive on	9/4/	1960 and 1	hat d	eath accurred of P	LO	the causes or	,			, , , ,
	22a SIGNATURE		4								221	b DATE
		rs rn	un	/	j	ATTENDING PHYS	MED DIRECTOR 💆	STAFF PHYS			9/4/	SIGNED
	22c. PHYSICIAN'S NAME (Type) MG	- 11-2	27	5		22d. ADDRESS	Glenn	Dale Hos	pital	-		
	Mo	e Weiss	g Me	<u></u> η•			Glenn	Dale, Md	#			
ı	230 BHRIAT CREMATION 23b	DATE THEREC	OF .	23c NAME OF CEMET	ERY OF	R CREMATORY	23d LOCA	DON (City, town,	or county)		(\$fat	e)
	KEINOTAL (SDECTI	int.6	60	Eurosell	4		1	war	1		V	£ .
	24 FUNERAL DIRECTOR'S SIGN	ATJURE	/	ADDRESS	1	/	C'D BY REGIS	00 1	STRAR'S S			
	Bealler Just	nal k	tom		L	MAN VO DATE	SEP 7	60	lithur,	& the	114	



a. IS RESIDENCE

Day

IF JNDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRYS

Haurs

Days

USA

(County)

Months

Month

Q

yrs.

Glenn Dale Hospital

ON A FARM?

YES NO TO

Year

19 -60

PERFORMED? YES NO

(State)

10670 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institutions Residence before admission) o. COUNTY Prince Georges o. STATE **b. COUNTY** D. C. MARYLAND C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Glenn Dale months & Washington (rural) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Glenn Dale Hospital 216 5th St. NAME OF First Middle 4. DATE Last DECEASED Harlan (Type or print) Sutton DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Male White WIDOWED [DIVORCED TO 10a. USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Saul Chudnow North Carolina painter

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George R. Sutton Luna Harder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address D'es no er unknowed Decedent

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ Pulmonary tuberculosia **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last (c)

PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)

200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

factory, street, office bldg., etc.) a. m. While Nat while of work of work 2) I certify that (I) (this hospital) attended the deceased fram. 10/11 ... 1960, that (1) (we) last

, and that death occurred at A. saw the deceased alive on a M, from the causes and an the date stated above. 220 SIGNATUR 22b, DATE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. M.D.

22d. ADDRESS

Moe Weiss, M. D. Glenn Dale, Md. 23d CATION (City, loyn, or county) 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL Specify

25b. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR arthur & Kines

SEP 2 7 '60

director, filed with er death. Page filed he funeral O pletely filled offer pup ATTENDING PHYSICIAN: The law requires that the death certificate physici remaye attending eose the ģ permit signed burial-transit ar attending physiciar cremation, After this certificate 분 ped

olRECTOR: / pluants o FUNERAL 60

22c PHYSICIAN !

NAME (Type)

VR A1S (4) 15M 9/S9



DATESEP 1 6 '60

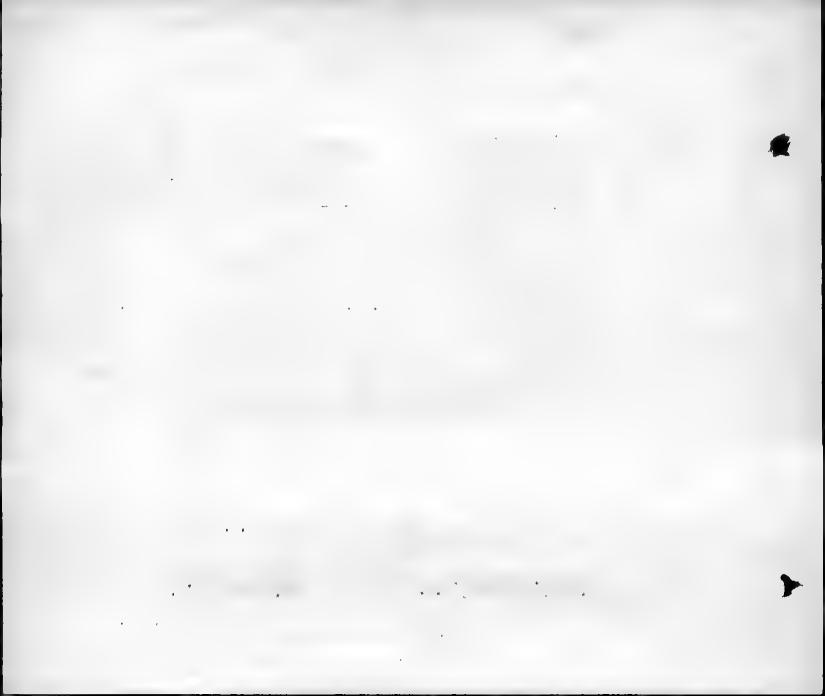
Ciriling & House

			10000		C	KIIFIC	AIE	OF DE	AIII									
	1 9	PLACE OF DEATH COUNTY Prince (leorge		_	MARYLAND		o Maryla			e George		e. IS RESIDENCE ON A FARM? YES NOT Day Yeor 12 19 60 RIYEAR IF UNDER 24 HRS Days Hours Min TIZEN OF WHAT COUNTRY? U.S. A					
	Ŀ	CITY OR TOWN	(if outs de corparate l	ımıts, write	c. LENGTH	OF STAY IN 1		c CITY OR TO	WN (If o	outside corpoi	rote limits, write l	≀URAL ond g	Day Yeor 12 19 60 ER I YEAR IF UNDER 24 HRS Days Hours Min ITIZEN OF WHAT COUNTRY USA					
		Cheverly			10 I)avs		College	Pa	rk		<u> </u>						
1		Prince de Hosp	orge Gener	ral H	ospital			d. STREET ADD		Place			0	N A FARM?				
	3. 1	NAME OF DECEASED		First		Middle		Lost		4. DATE	Mo	nth .	Day	Yeor				
		(Type or print)	Louise		Seal			Thomas	5	OF DEATH	Sept	,	12	19 60				
	5. 5	iEX	6. COLOR OR RAC	E 7 MA	RRIED NEVE	R MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UN				-	NDER 1 YEAR IF UNDER 24 HR						
		Female	White	WIDO	WED 🗍	DIVORCED X	11-25-99 lost pictricoy) Months					Months	Days Ho	ours Min				
	30a.	. USUAL OCCUPAT	ION (Give kind of working life, even if reli	rk done 10	b. KIND OF BUS	INESS OR IN	DUSTRY	11. BIRTHPLAC	E (Stote	ar foreign co	ountry)	12 CITIZ	ZEN OF WH	IAT COUNTRY?				
			ewife	(60)	own Hor	ne		Virg	inia	a		U	S A					
	13.	FATHER'S NAME					14	I. MOTHER'S M	AIDEN 1	NAME								
J	ľ	Cha	rles Seal					In	dia	Holla	nd							
		WAS DECEASED EV	ER IN U.S. ARMED F		6. SOCIAL SECU	RITY NO. 17	, INFOR	MANT			Add	ress						
	1145	c no. or unangenti	(ir yes, give wor or cons.	no	none		C. E	hom	as .	Jr Bel	tsville	. Md.						
	m	18. CAUSE OF DE	EATH [Enter only one	couse per	ine for (o), (b),								INTERVA	L BETWEEN				
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Auto Stores																
		115	DUE DUE										1					
		Conditions, if any, which the artificial all the art Paracre to have																
		gove rise to	immediate ((b)						2001	7	,	-	pro-				
		lying couse lost	g the under-	(c)														
	Ζ	PARE II O	THER SIGNIFICANT O	ONDITION	S CONTRIBUTIN	G TO DEATH E	ION TU	RELATED TO T	HE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19 V					
	CATION	Bus	10 ments	and a	Pno		_	,	00	1	18	1						
		20a ACC DENT V	VAS UNDERLYING	20b. Di	ESCRIBE HOW II	NJURY OCCUP	RED (E	nter nature of i	njury in	Port I or Port	If of item 18.)	- Marie						
	CERTIF	OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING GCAUSE OF DEA Y MEDICAL EXAMINE	TH R)														
	-4		JRY Month, Day,		INJURY OCCU	RRED 20e.		OF INJURY (Ho			or town)	(C	punty)	(Stote)				
	MED	Hour om		9 Whi	ise NoI who		foctory,	street, office b	ldg., etc	:)								
	2		. 100 4.4 5 4			- -				1			41 > 1					
			at (I) (this haspi	•					1:1	5 P.M.				(I) (we) last				
		saw the decer	ased alive an		19	ond tha	t deat	h accurred		M, fram	the causes a	nd an the	date sta	225 DATE				
j			co B. V	wor	Jenz.		₩D.	ATTENDING PHYS	M Di	IFD IRECTOR	STAFF PHYS		9-1	S GNED 2 - 60				
-		22c. PHYSICIAN'S NAME (Type)	Waldo B.	Moye	ers M.D repn?m	D.		22d. ADDRESS	350 Mt.	3 Perr Raini	y St. er, Md.							
	23a	BURIAL, CREMATI REMOVAL (Specif Burial	9/15/			of CEMETERY				23s LOCAT Colma	on (City, town,	or county)		(State)				
	24	FUNERAL DIRECTO		VV	ADDRES		الكابك		So. REC'	D BY REGIST	RAR 25b REG	ISTRAR'S SIG	SNATURE					
1	,	F. Gasch		llyati	tsville	. Md.	Md. DATESED 16 60						1 0 2 3					

requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, and 2 should be filed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be renoted by the haspital or attending physician.

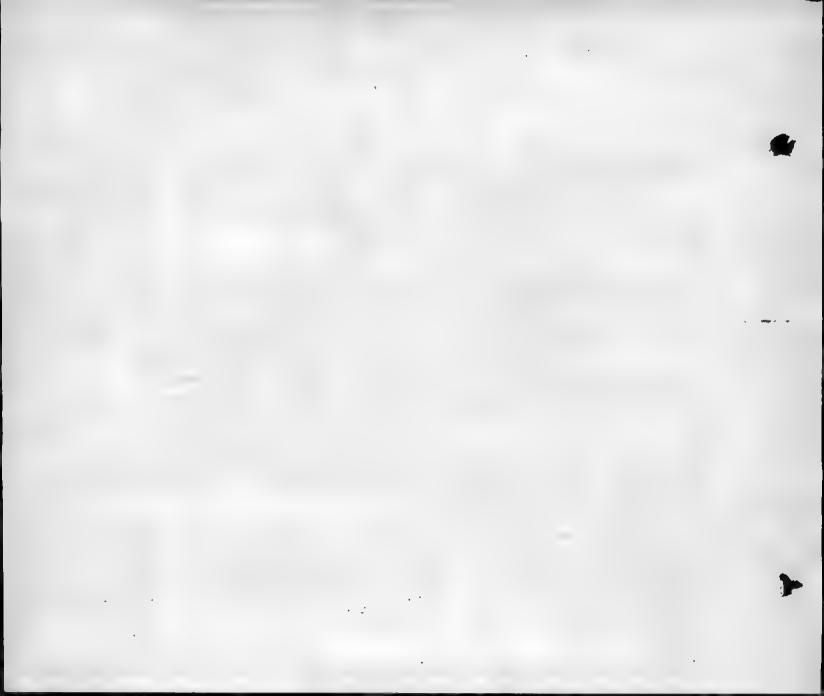
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND buriol. b. CITY OR TOWN (If outside corporale limits, write RURA) c. LENGTH OF STAY IN 15 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest 40wn) MOSPITAL OR INSTRUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT NAME OF Middle DECEASED (Type or print) 19 62, 9. AGE IN years 6. COLOR OR RACE 7- MARRIED MEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? within most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. Give PM3. 18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: form DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND [ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 5 20b. DESCRIBE FOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (State) factory, street, affice bldg., etc. Nat white. While g, m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [7] Inquiry [7] and find that DIRECTOR: death resulted from: Natural causes X Accident , Suicide , Homicide , Undetermined couse ... DATE SIGNED ACTUAL CHREF MEDICAL EXAMINER | ASSISTANT MEDICAL EXAMINER O FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER forward NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREWICIORY 22d LOCATION (City, town, or county) 27/60 Mt Clivet Cesetery Washington D. C. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS. A15ME(5) Gasch's Sons Myattsville, Md. DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

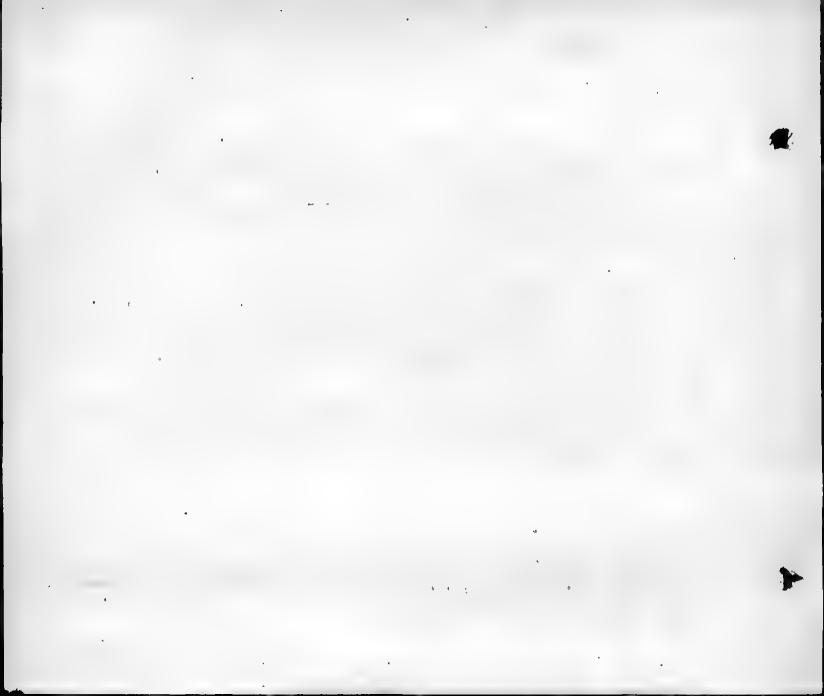
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEIC ATE OF DEATH 4000

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)	a. COU	_	rince Georg	е		MARYLAND	2 (o. STATE	ence (Wh	*	h count Prince	an Residen	ce befar	e admission)
	ь city Rury Ci	OR TOWN (AL and g ver never)	If auts de corporate limi earest tawn)	ts, write		Days	7		ntwoo		rate limits, write l	RURAL and q	give near	rest tawn)
	d. NAA OR I	INSTITUTION	TAL (If not in hospital, g			tal		3808		on St	• 3		e	ON A FARM? YES NO
£v .	3. NAME DECEAS (Type o	SED	Lillie	st J	ane	Middle	Tu	rner lost		4. DATE OF DEATH	Sept		300	Year 6
	5. SEX		6. COLOR OR RACE	7 MAR	RIED A NEVER	MARRIED	8 D/	ATE OF BIRTH	1		9. AGE (in years	IF UNDER	LYEAR	IF UNDER 24 HI
				WIDOW		OIYORCED 🗍		5-6-			lost birtilday)		Days	Hours Min
	20000011220				own hor		STRY	Alab		or fareign c	ountry)		S A	WHAT COUNTR
	13. FATHE	R'S NAME					14	. MOTHER'S						
		G	eorge Kell	У					Lill	lie Si	tewart			
	15. WAS D		R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17. II	NFOR	MANT			Add	iress		
i	[185, 90, GF1	Obstaback)	(If yes, give war or dates of :	errice}	none	J.	ant	es Alt	on Tu	ırner	Brentw	rood,	Md.	
	Central of the test of the tes	dittans, if ce rise to a (a), stating g cause lost. PART II. OT ACCIDENT W	mmediate (En(epide:	ondary t	rc:	inoma RELATED TO	of th	e lef	t tonsil		ONSI 1	months
		IME OF INJUI Havr o.m. p.m.	RY Month, Day, Ye	or 20d. While of wa		le fo		OF INJURY (H street, office				1060	Caunty)	(Sta
	saw	the decea	at (I) (this haspita sed alive an 12) atten	ded the dec	eased fram.	- V	der de	19 12 1 at 12	30 PM from	the causes a	1900 nd an the		-
		c 4	- N		Rung		M.D	ATTENDING PHYS	DI DI	D. RECTOR []	STAFF PHYS			22b DATE SIGN
	22c PHYS CIAN'S NAME (Type' Dr. Til Bergman, M.D. 22d ADDRESS 6316 Gallet A. St. Hyaytaville,										ine,			
T			ion 9/6/60			of cemetery c mingham		EMATORY			TION (City, lown, bama	ar county)		(Stofe)
	24. FUNER	AL DIRECTOR	'S SIGNATURE		ADDRES	S				D BY REGIST		ISTRAR S SI		
	F.	Gasc	h's Sons	Hyat	tsvill	e, Md.			DATSE	9 '60	an	Uma S.	Thank	

TO HOSPITAL VR A15 (4) 15M 9/59



10648

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CERTIFICATE OF DEATH

m \		TOOLI			Keg.	Dist. No.
1)		PLACE OF DEATH COUNTY	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived If institution, Resi	dence before admission]
		PRINCE GEORGES	MARILAND	VDISTRICT OF (COLUMBIA COUNTY	
		RURAL and give nearest town)	OF STAY IN 16	c CITY OR TOWN (IF or	utside corporate limits, write RURAL o	nd give nearest town)
		SMIL DITCHTOCTOLOUS	DAYS	WASHINGTON DO	3 ,	
1		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	,	e IS RESIDENCE
75	Į	USAF HOSPITAL ANDREWS		3320 OAK GIE	YAW N	YES NO
	3	NAME OF First	Middle	, Losi	4. DATE Month	Day Year
		OECEASED (Type or print) ROBERT	HENR	Y VREELAND	DEATH SEPTEMBE	
	5	SEX 6 COLOR OR RACE 7 MARRIED W NEV	ER MARRIED	B. DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS
		MAIE CAUCASIAN WIDOWED	DIVORCED _	6 Feb 188	4 lost birthdoy) Month	hs Days Hours Min
	10c	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 81 during most of working fre, even if retired)	usiness or indu 3 /NG		or foreign country) 6DACE, N.Y.	CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
		ROBERT HENRY VREEL	AND	JENNIE	- BARRETT	
_		WAS DECEASED EVER IN U. S. ABMED FORCES? 16 SOCIAL SEC	URITY NO	NFORMANT	Address	- 0
	(10	is, no. of white of the services of the servic	-6388 14	25. EMMAYAL	ELMO-R.D #1	- TROY, TA.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)	ond (c).]	. 0		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	1 Chis Cl	in a Car	Cuncusa	ONSET AND DEATH
		MMEDIATE CAUSE (0)	· coco			1 3 CUERY
		DUE TO				
		Conditions, if ony, which) (b)				
		gave rise to immediate (
		couse (o), storing the ungar-				
	Z	/ (1)				1100000
	9	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(6) 19 WAS AUTOPSY PERFORMED?
7	3	(YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW OR CONTRIBUTING 1 CAUSE OF DEATH	INJURY OCCURRE	D (Enter noture of injury in P	ort I or Port II of Stem 1B.)	
	Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	[₹	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCC	URRED 20e Pt	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stole)
	MEDICAL	Hour o.m. While _ Not w	hile fo	ctory, street, office bldg., etc.		(555,17)
	Σ	p. m. 19 of work of wor	rk 🔲 📗		1	
		21. I certify that I attended the deceased fram.	(6 Ju	ريد . 19 في 10 مار	7 Jew - 196 Ghat	last saw the deceased
		0 50 0 0		, 1133a	()	
		7 12.32	ina mai acan	_	M, fram the causes and an ADDRESS (Street, city or town, state)	DATE SIGNED
		ACTUAL O. M. Stanle				
	Ŋ.	SIGNATURE	10	M.D USAF HOSP	ITAL ANDREWS 8	SEPTEMBER 1960
4	ľ					
- #		PHYSICIAN'S NAME (Type) AIBERT D CARILLI . CAPT	USAF MC	ANDREWS A	IR FORCE BASE, WA	SHINGTON 25 DC
	220		E OF SEMETERY O	0 C05114700V	22d LOCATION (City Town, or coun	
		JOMOVAN (Spaceful) G/10/19/0	E OF CEMETERY C	245TODE	TO V BARRED	(Stote)
	4	JUNIAL INTEREST		CULICRY	1KO7-DKHDYOK	UCO. TENNY
	23	FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS		SEP 1 9 60 CALL	
	0	1-1/16- M CHOM 11/1/10 M. O.	1373.6	DATE DATE	SEP 1 9 '60 Call	on & Thomas

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur ofter death. Page 4 may be reforce by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Corte funeral director page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registror prior ta burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
(8	10672 CERTIFICATE OF DEATH Reg.	Dist. No. 1()64
	1. PLACE OF DEATH O. COUNTY Pinice Cencers MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residue) O. STATE MARYLAND O. STATE MARYLAND O. STATE MARYLAND	dence before admission)
ld be fi	b. CITY OR TOWN (If outside corporate limits write RURAL or RURAL ond give negrest town) 1 NTON 14 days Washington, 23 D.	nd give nearest tawn)
2 5 0 8 1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITU	ON A FARMS YES NO
- SS	3. NAME OF DECEASED (Type or print) OF DEATH SOTEN HO	Day Year
Fag.	S. SEX 6. COLOR OR RACE MARRIED DIVEYER MARRIED 8. DATE OF SIRTH 1 PMG/2 (1) hite widowed Divorced 1/-28-1875-8475	DER TYEAR IF UNDER 24 H
n paper death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) UP OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. NONE - Retired Housewife Working III.	CITIZEN OF WHAT COUNT
Carbo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTH	er
Now I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes no or unknown) (If yes, give wor or dote of service) NO NO NO NO NO NO NO NO NO N	Parkwayter
n pleas	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)	INTERVAL SETWEET ONSET AND DEAT
it. The	Conditions, if ony, which) the Electric House the Thought Land	ic perc
nd in a	gave rise to immediate couse (o), stoling the under- yield to lying couse last.	
A long of the long	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
the bur	20a. ACCIDENT WAS UNDERLYING 20b DESCRISE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
r use as	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While of work of work of work 19 of wo	(Caunty) (Sta
ched fa	21. I certify that I attended the deceased from 19.5 7, to 19.5 7, to 19.5 4, 19.5 (that I alive an 10.6 2 4, 19.5 7, and that death accurred at P.M. from the causes and an	last saw the decease the date stated abo
be deto	ACTUAL HISTORY IN ACTUAL M.D.	DATE SIGN
should istrar pr	PHYSICIAN'S LEWIS PARKER, ND. 5241-ST. BARNABAS	RD. 9-24
poge 3 the reg	220. BURIAL, GREMATION 226, DATE THEREOF 60 22c. NAME OF CEMETERY OR CREMATORY LOCATION (C) Town, or count of the country of t	Stole VI
(4) 8	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH-D. 240. REC'D BY REGISTRAR'S 246. REGISTRAR'S 1300-NSX N. 11. DATE Sept 25 2 6 60	Gilling S. Krond
	HYSONG FUN. HOHE - 1300-N ST. NW. WASH.D.C.	



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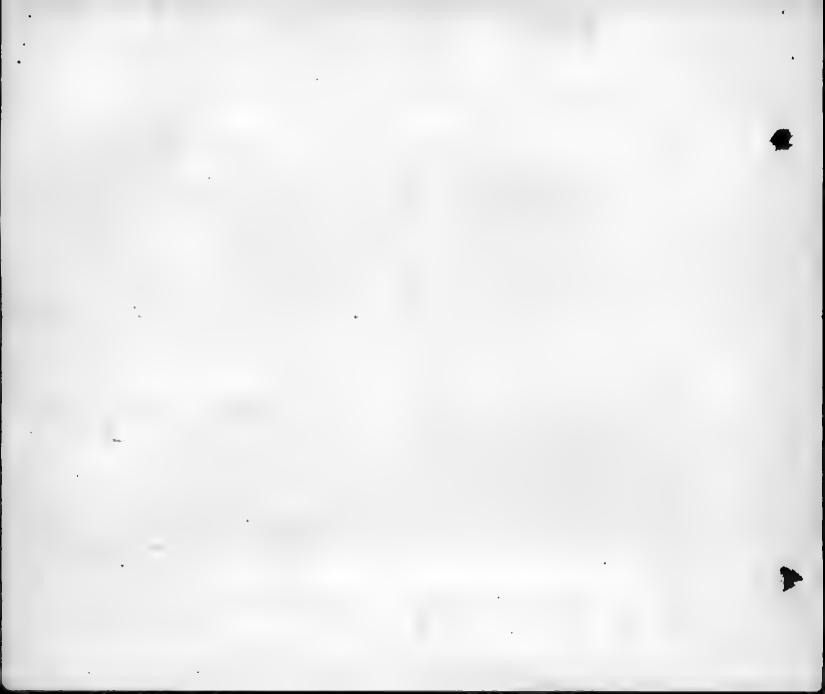
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TO FUNER

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VR A15 (4) 15M 9/59

Ī	o. COUNTY Prince	George	MARYLAND	2 USUAL RESIDENCE (WH	nere decensed lived If institution: Resign COUNTY Annteometry —	idence before admission)
	b. CITY OR TOWN (If RURAL and g ve no Chever.	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 15	77	utside corporate limits, write RURAL a	and give nearest town)
	OR INSTITUTION	At (If not in hospital, give street orge General Ho		7801 Glen	side Drive	e, IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Lawrence	L Middle	Wedding	4. DATE Month of DEATH Sept	9 Year 60
5.	sex Male	6 COLOR OR RACE 7 MARR	RIED A NEVER MARRIED DIVORCED DI	8 DATE OF BIRTH 7-5-03	9. AGE (In years IF UNIT to be for both day) Month yes.	DER I YEAR IF UNDER 24 HRS hs Days Hours Min.
100	during mast of wark	N (Give kind of work done 10b. ing life even if retired)	Painting	USTRY 11. BIRTHPLACE (Stole	or foreign country) 12 (CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME LOLL.	lean W	edding		mary Bou	ree.
		RIN U. S. ARMED FORCES? 16 If yes, give wer or allotes of service)	SOCIAL SECURITY NO. 17.	Mary (1)	edelene 780	1 Glonsede
	PART I. DEAT	n mediate (YECARDAL -	ENFARCTY ON		INTERVAL BETWEEN ONSET AND DEATH MONEUTS
MOITS	couse (o), stating to the daying couse out	er significant conditions		TIC HEART THOT RELATED TO THE TERM	DISEASE NALDISEASE CONDITION GIVEN IN I	PERFORMED?
CERTIFICA	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in f	Part I or Part II of item 18)	YES NO 2
MED CAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year 20d It While of war	Not while fi	LACE OF INJURY (Hame, farm actory, street, office bldg, etc.	20f. (City or town)	(County) (State)
	saw the decease 220 SIGNATURE 27c PHYSICIAN S	(1) (this haspitally attended alive an 7/8 Co James Duk	1960 and that	M.D ATTENDING ME PHYS D D	Mark the causes and an Riverdale, Nd.	that (1) (we) last the date stated above
	BLLILED	9-12-60	JOH JUS	reeln	23d LOCATION (City town, or count Bladlusburg	ned.
24	FUNERAL DIRECTOR'S	NERAL HOME	4812 Ga Auz 1	VW D C DATE	SEP 15 '60 256. REGISTRA'S	SIGNATURE

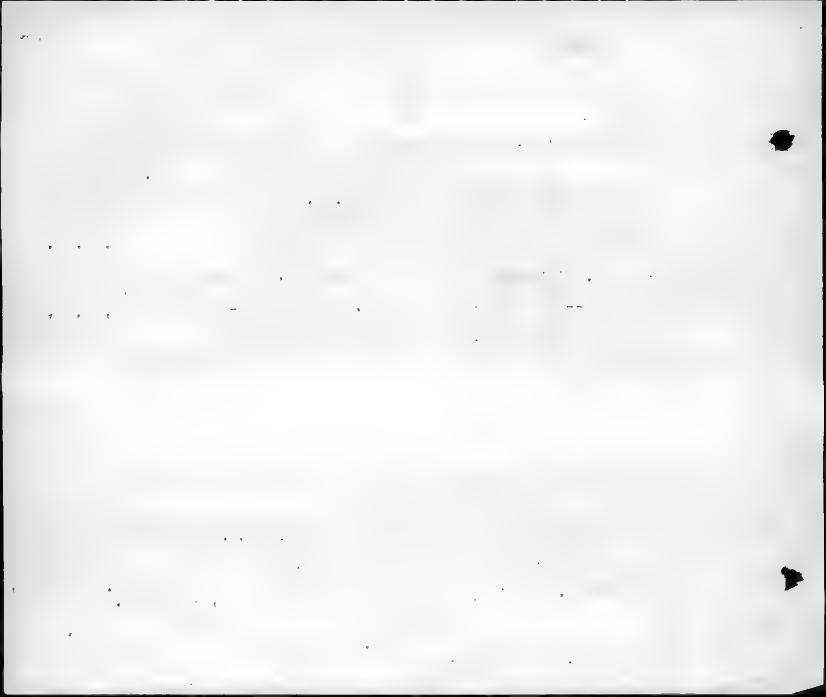


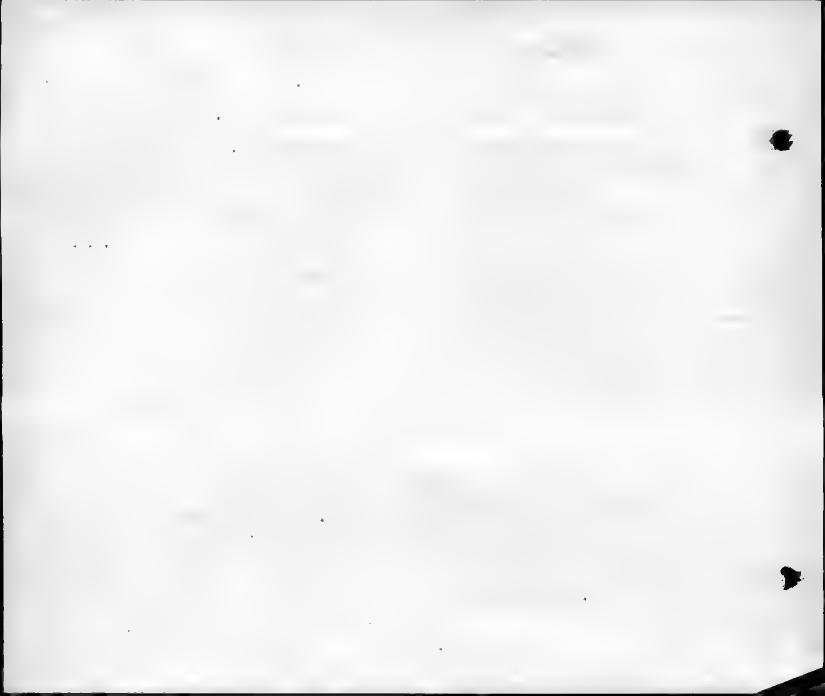
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haves

VR A15 (4) 15M 9/59

ofter death

PLACE OF DEATH O. COUNTY Prince	George's		MARY	AND	2. USUAL RESIDES	ce (Whe			on Residence		
b CITY OR TOWN (i RURAL and give no Cheve		, write	c. LENGTH OF STAY				tside corpo	rale limits, write l ht	RURAL and g	ive nearest	tawn)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, gi		ddress)		d. STREET ADD		it.rel	Avenue		0	RESIDENCE N A FARM?
	George's G			CI.	11 2					- 1	
3. NAME OF DECEASED (Type or print)	First Mar		Rebec			lls	4. DATE OF DEATH	Ser	ot.	13	19 60
5. SEX Female		⁷ MARRII WIDOWEI	ED NEVER MARRIE	0	Aug . 2	188	0	9. AGE (In years lost birthdoy) 00 yrs		Doys Ho	UTS MIB
10a. USUAL OCCUPATIO	ON (Give kind of work di	one 10b. K	IND OF BUSINESS OF	RINDUS	STRY 11. BIRTHPLAC	E (State o	r foreign co	ountry)	12, CITIZ	EN OF WH	AT COUNTRY?
Housew:	if 6	Ov	wn Home		Mar-	ylan				J. S.	Α
Reverdy	R. Nichol		OCIAL SECURITY NO.	T17 18	Mary	R.	Tyal		Iraco		
[Yes, no. or unknown]	(If yes, give war or dates of ser	vice)	OCIAL SECURITY NO.			. 47	3		R Sti		
No			-		rs. Mari	B AL	Ten-	Wach	ngtor	D.	_C
	ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (0)	5	ERFBRI	96						ONSET A	BETWEEN
1 4 -	DUE TO	L	LYPERTE	ENS	IVE CA.	RDIO	- VA	5c.015	PASE		
Ganditians, if a		• 1	/1	-							
cause (a), stoting											
lying couse lost.) (c).								-		
ZOD PART II OTH										PE	REFORMED?
206. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] : CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OF	CURRE	D. (Enter noture of i	njury in Po	ort I or Par	t II of item 18.)			
20c TIME OF INJUR	Y Month, Day, Year	While	JURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Ha ctary, street, office b	me, form, ldg., etc.)	20f. (City	or town)	(C	ounty)	(State)
	ıt (I) (this haspital)	attendo	od the deceased	from	(1-2-	10 (60 10	9-13	10 %	C. that I	It (wat last
saw the deceas	ed alive as	- / 3	19 and	alson a	death assured						
220 SIGNATURE	sed dive dil		and Ozana / Glid	inui ç	Jedili dccorred	Alle I	yr, p and	alle couses u	ig un me	date sid	22b DATE
bylick	i m. Hez	36-€	7				ECTOR [STAFF PHYS []		e,	7/14/E
22c. PHYSICIAN'S NAME (Type)	Max M. Her	zbei	rg		22d. ADDRESS	FFL	nce	Georges	1 Ger	ь. Но	splital
230 BUR AL, CREMAT O	N, 236 DATE THEREO	F	23c NAME OF CEME	TERY O	R CREMATORY			TION (City, town,			(State)
REMOVAL (Specify)	9/17/60		Epiphany	Ce	meterv		Fore	stville	3	Mô	l.
24 FUNERAL DIRECTOR			ADDRESS	- Ch - ch	_		BY REGIST		ISTRAR'S SIG		
Ritchie 1	Rrow. Fun	1 H	ome-linner	· Ma	ord from	ATE 6	ecp 9 1	160	1 44 4	8 Flower	A





10696

1. PLACE OF DEATH O. COUNTY P	r. George	9	MARY		USUAL RESIDENCE (V		d lived. If institut b. COUNTY		fore admissi	an)
RURAL and give ne	outside corporate limi arest town) ict Heigh		c. LENGTH OF STAY	IN 1b	Distri	4		RURAL and give n	earest town)	
d. NAME OF HOSPIT	Residence	give street ac	ddress)	1	d. STREET ADDRESS		land Co	urt		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	BERTRANI	rst	Middle	•	WHITNEY	4. DATE OF DEATH	Sept.	"#30th.1	3960.	ear
s. sex Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIE		ATE OF BIRTH	4	9. AGE (In years last birthday) OO yrs	Months Days	1	R 24 HRS. Min,
GOV INT	N (Give kind of work in the country of the country	done 10b. K	IND OF BUSINESS O	R INDUSTRY	Laceyvi			U.S.		OUNTRY?
John C. W	hitney			1	4. MOTHER'S MAIDEN Minanda					
15. WAS DECEASED EVE			2 22 496		RMANT ss Sadie	Whitn	ey-5500	Parkla	and C	t.S.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to Immediate couse (a), stoling the under-lying couse last. (c)										DEATH
PART II. OTH										
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b, DESCI	RIBE HOW INJURY O	CCURRED. (Enter noture of injury	in Part I or Pa	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. P. m.	Y Month, Day, Ye	or 20d. IN. While of work	Not while	20e. PLACE factor	OF INJURY (Home, for, street, office bldg.,	etc.) 20f. (Cit	y or town)	(Count	у)	(Store)
21. I certify that	t (I) (Ihis hospita ed alive an _Q				th accurred at	12.59 to	/ /	30 19 80. nd an the do		
220. SIGNATURE	· JA	rine	lin	M.D		MED. DIRECTOR	STAFF PHYS.		225	SIGNED
22E. PHYSICIAN'S NAME (Type)	Celvin L.						o, Adke		ct Hg	hts,
23g BURIAL PREMATE XREMOVAL (Specify)	10/5/60		23c. NAME OF CEM Laceyvi	itery or c	REMATORY EMA	23d. LOCA L &	TION (City, town, DC Cyvil,	le, Pa.	(State	2)
Lee Fun	s signature eral Home	Wasl	address nington	D.C.	25o. RI DATE	OCT 3	160 25b. REG	Carling & 1	URE Knus	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour, after death. Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in a time funeral director, page 3 should be detachad for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs offer death.

VR A1S (4) 1SM 9/59

phone-9-30-60

by

approved

and

Coroner notified

3 manufacture of the second of t . Property and the second The Man The Control of the Control o

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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the attending physician and campletely filled in Extre funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITA!

VR A15 (4) 1SM 9/59

may be returned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

10655

1. PLACE OF DEATH	nce Georg	е	MARYL		USUAL RESIDENCE (W. o. STATE Ma	/here decease rylan	- IS COUNTY	D 6	elare admiss	
b. CITY OR TOWN (If outside carporate limits, write PURSTH OF STAY IN 1b PISTIPET HEETS.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7121 - Cabot St/					
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 7121 abot St.					d. STREET ADDRESS District Hgts. e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)					NCHESTER	4. DATE OF DEATH	Sept.	18,19	140	fear
s. sex Female	6. COLOR OR RACE White	WIDOWED.		□ Ma	ate of Birth By 21,188		9. AGE (In years lest birthdoy) 72 yrs.	Months Da		R 24 HRS. Min,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					TRY 11. SIRTHPLACE (Stote or foreign country) 12.Cd				U.S.	
3. FATHER'S NAME Marriott					14. MOTHER'S MAIDEN NAME UNKNOWN					
IS. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wer or defea of I	CES? 16. SO	CIAL SECURITY NO.	James James		chest	Add er- sam		above	
Conditions, if gove rise to cause (a), stolin lying couse las	g the under-	· C	Sur (l-	elst	7	refle	ince		
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTS. 2. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) 2. CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER									AUTOPSY PRMED?
(IF EITHER, NOTI	URY Month, Day, Ye	ar 20d. INJU While of work [Not while	PLACE foctory	OF INJURY (Home, far, street, office bldg., e	rm, 20F. (Cit	y or town)	(Cou	nly)	(Stote)
	hat (I) (this haspital ased alive an S) attended GC [Paccurred at 24	EM, fram	the causes ar	18, 1960 and on the d	late stated	
22c. PHYSICIAN'S NAME (Type		DKY	LE IE	M.D.	ATTENDING PHYS. 22d ADDRESS	DIRECTOR	rust	- Cur	2 h	5 196
23a. BURIAL, CREMAT BENCY 1 IST	9-21.6		Cedar	Hil	ematory L	23d. LOCA Su	itland,	or connty)	(Stal	
Lee Fur	ors signature neral Home	- Was	hington	D.C.		C'D BY REGIS		ISTRAR'S SIGN		

TOPER D -----The state of the s SOUR SOLT LO A PLANTAGE THE STANDS OF THE STANDS DESCRIPTION AND STREET OFFICE ALL CONTRACTOR OF THE PROPERTY and the second I shall will be a supplied to the same and